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THE SPIRITUAL ASPECT OF LOSS:
A PHENOMENOLOGICAL EXPLORATION WITH PSYCHOTHERAPISTS

A Dissertation Presented

by

ANTOINETTE ANNA COURNOYER

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

February 1992

School of Education

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THE SPIRITUAL ASPECT OF LOSS:
A PHENOMENOLOGICAL EXPLORATION WITH PSYCHOTHERAPISTS

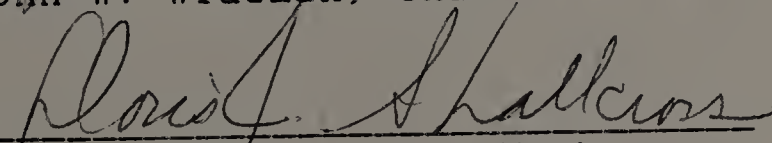
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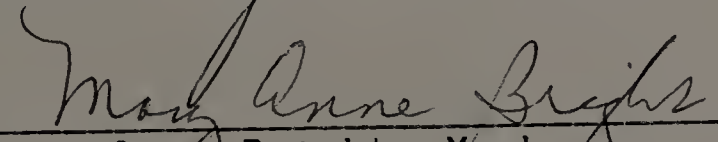
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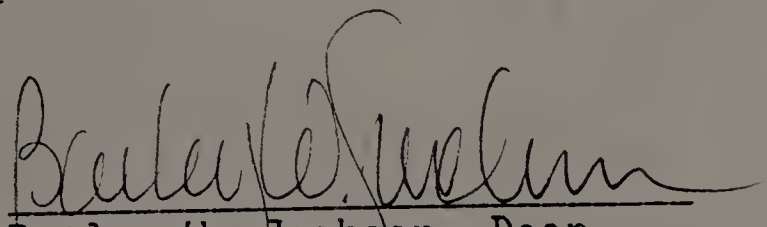
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ABSTRACT

THE SPIRITUAL ASPECT OF LOSS:
A PHENOMENOLOGICAL EXPLORATION WITH PSYCHOTHERAPISTS

FEBRUARY 1992

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This dissertation presents the results of a study designed to explore the therapist's phenomenological awareness of spirituality in their work with their clients who are dealing with loss. The clinical literature reveals the individual's response to loss includes a spiritual dimension. As traditional psychology has not included spirituality in its study or practice, little is known of how psychotherapists are attending to and including this dimension in the therapy.

The dissertation included a review of the literature on: bereavement studies, self renewal theory, adult development, creativity, and spiritual emergencies. All of which provide current information about spiritual experiences.

Qualitative research was done with eight psychotherapists from four Out-Patient Mental Health Clinics. Data from in-depth interviews were coded. A thematic analysis offered 18 themes which were common to all participants and were organized under three sets: (1) Psychotherapy and Loss, (2) Loss and Spirituality, (3) Spirituality and Psychotherapy. Some examples of themes in set #1 are, "The Developmental Significance of Loss", "Variations in the Loss Response"; in set #2, "Faith as a Resource", "Variations in Spiritual Manifestations"; in set #3, "Spirituality as Part of Human Nature", "Evidence of Spirituality as a Dynamic in Psychotherapy". Four profiles were constructed to provide an added perspective of the interviews.

The findings were unanimous in that all the psychotherapists could identify a spiritual dimension in the experience of loss, in their own personal and professional lives and in human nature. The findings were consonant with the literature and suggest the validity of the spiritual dimension in the loss experience and the need for more attention to the spiritual aspects of human experience in the training and practice of conventional therapists.

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CHAPTER 1

INTRODUCTION

"Being human is a novelty not a mere repetition or extension of the past, an anticipation of things to come. Being human is a surprise, not a foregone conclusion. A person has a capacity to create events. Every person is a disclosure, an example of exclusiveness.

One thing that sets man apart from animals is a boundless, unpredictable capacity for the development of an inner universe....Indeed, the enigma of the human being is not what he is but in what he is able to be." Rabbi Heschel (Dresner 1990, p.48-49).

We are in the last decade of the 20th Century, about to enter the 21st. As a nation we have seen incredible triumphs and horrible tragedies. We have been able to save millions of lives through humanitarian efforts and technological advances. We are often caught in an illusion, believing that, if we try harder, through technological research, we can eliminate disease and protect human life. And yet the greatest protectors of human life have been the people who have survived extreme trauma and tragedy. They have lived through physical,

mental and emotional trauma, where the extent of the loss has been a "death". But in spite of these unusual circumstances and very painful losses, the individual moves through the experience and can speak of the experience as growth, transformation, self expansion. As we listen to their stories we are continually aware of a life dimension which enables the transcendence beyond suffering, brokenness and despair, to an inner strength and wholeness that offers new life and, ultimately, greater compassion toward all humanity.

As rocket launching to outer space becomes old news, we are just beginning to look at another frontier, our spirituality; that aspect of our humanness which offers us the capacity to grow beyond ourselves. As we listen to people's stories we open up to their suffering, and we meet our own. Through their breakthroughs we open to ours. As we turn the camera from outer space to inner space we begin to have greater awareness of, and greater appreciation for, the human's transpersonal realm.

It seems fitting, as we listen to people's stories of transformation, that we begin to listen to psychotherapists' stories of their experience of working with their clients who have survived trauma, such as loss. What is the psychotherapist's phenomenological

experience of spirituality? How are they aware of it? How does it live in the therapy and, most importantly, how does it fit into their "clinical philosophy" of human nature?

In Maslow's search for a better understanding of "peak experiences", he suggested we go-talk-to the people who have had peak experiences and listen. So, let's go to the therapists and listen!

Background of the Problem

Western clinical psychology has, until recently, employed a scientific paradigm in studying aberrations in thinking, feeling and believing. In this rational reality, if something is not understandable by usual parameters, then it is an anomaly. An anomaly is something outside of the "normal" range, and needs to be fixed. Like medicine and science, psychology based its findings on a sample of people coming from a certain population.

The methodology used was in search of quantitative findings which could be objectively measured and classified. Very few studies sought to explore the subjective world of the individual, much less the therapist.

With the move to more wholistic approaches, we began to see the individual in her life context, such as family systems, generational systems, work systems, and culture. As we opened up to more variables we began to open up to more variations in life responses. In fact, instead of trying to classify responses, we began to look at what we were not looking at! This shift in psychology and other major fields has helped us to understand the human experience more fully.

The mode of inquiry changed, as well, from predominately quantitative measurement to qualitative studies, from self reporting inventories to story telling. We could then tap the themes which emerged and make clinically relevant what was already experientially relevant.

The Experience of Loss

This shift, from objective research to phenomenological exploration, was quite significant in studying the experience of loss. Historically the study of loss has been through the models of bereavement and clinical depression. Therapists dealt with uncomplicated grief or complicated grief. The latter more closely

resembled major depression, and treatment would often include medication or hospitalizations to reduce the dysfunctional symptoms.

Although attention was given to the intrapsychic and interpersonal aspects of loss, little attention was given to the developmental significance of the loss experience.

As interest in the study of bereavement grew, we began to explore the "process" of grief, largely through the work of Kubler-Ross (1969) who interviewed many dying patients as well as their grieving family. The process she witnessed was described as stages, or shifts within, which reflected the dynamic, interior world of the individual as they dealt with death, and loss. The Western world began to look at death, and thus could look at loss more fully, and could then begin to ask, what is the "meaning of this experience" for this individual in his or her life... Where does it lead?

In our understanding of the human's response to trauma, such as loss, we began to open up to the growth outcome for many people. Our attitudes about dying, death, and loss shifted from denial to a greater appreciation of the meaning and significance of this life task.

In the same line, stage theorists began to explore more closely how the individual takes in information, builds upon it or expands from it. The cognitive world became organismic, ever changing and growing, transforming. Our view of the individual as evolving changed our understanding of human capacity.

In medicine, the field of rehabilitation provides an example of the human's capacity. Specialists have seen that, in spite of spinal or brain damage due to disease or accidents, people could regain the use of certain parts of their body, through exercise and supports. Even in cases in which they couldn't regain the use of a part, they were often (with some mechanical assistance) able to compensate in some other way.

As we could know more of the individual, we could know more of their capacity; we could allow more conceptual breakthroughs. And what continually triumphed was, not technology, but rather a creative capacity that spoke to a "higher self", a spirituality.

Spirituality

Western spirituality has gone through significant evolution. Until recently (the last 30 years), it had

been the domain of organized religion. In early America religious freedom was the driving force for leaving homelands, enduring arduous travel across oceans, to start a life in a new country which few knew about. It almost seems paradoxical that this country was started by people who sought to express their relationship with God in their own way. From that point on, in North American history, spirituality was perceived, expressed and practiced through formal religious doctrine. And in general, religion was interested in people's "spiritual destiny", rather than spiritual capacity. Although religion was concerned with humanity's spiritual destiny, it didn't have the answers to help people grow through changes and trauma.

Western psychology, an offshoot of western science and western philosophy, began to offer ideas and constructs about personality, development and intellectual functioning. There arose between the two, organized religion and western psychology, a mutual hostility that ranged from mild to severe and kept the two areas of human concern exclusive of each other.

An inevitable merger of the two, through their own evolution, now seems very clear. Hindsight, of course,

allows this perspective. And as clear as it may seem to some, the merger is still not conclusive for all.

If I could think of one motivating force for both religion and psychology to join together it would be in response to human suffering. For all their proclaimed differences and their historical exclusivity, both religion and psychology have sought to ease the pain and compassionately reach out to people who are suffering and in great despair.

In looking at the topic of loss, we have seen many great contributors to the cause, joining mind and heart in an effort to attend to and understand the human's response to suffering. To mention just a few: Kubler-Ross, Bernie Siegel, and Steven Levine. They were preceded by earlier visionaries in the fields of philosophy and psychology, such as William James, Roberto Assagioli, Carl Gustav Jung, Carl Rogers and Abraham Maslow, who envisioned a psychospiritual way of helping people live life more fully, and to include spirituality as a valid dimension in their development.

Currently, developmental theorists (Kegan, Wilber) and transpersonal theorists (Vaughan, Brown), are recognizing spirituality as an integral part of human

development and, consequently, are implementing psychospiritual ways of helping people who have suffered trauma.

In religion, theologians, who were once concerned with human life after death are becoming more concerned with the way humans live through their many deaths. Matthew Fox brings this imperative to our consciousness as he states, "All theology ought to be endeavoring to articulate the work of the Spirit in people's experience and ought to resist using a tired ideology as a procrustean bed to tell people what they ought to experience." (1983, p.22).

Statement of the Problem

The individual's experience of loss whether maturational or situational, includes a spiritual dimension. Western psychology has traditionally excluded spirituality from its study of human responses. Very little has been explored as to how psychotherapists are attending to and including this dimension in the therapy. Consequently there is a paucity of resources in professional literature and training to assist therapists in learning ways to address this common and critical experience.

Purpose of the Study

The purpose of the study is to make a contribution to professional knowledge and literature regarding this rather neglected, common, critical human experience. Therefore we need to find out what is going on in actual practice, beyond the literature regarding conventional practice.

To accomplish this it is the intent of the author of this dissertation to phenomenologically explore with psychotherapists the spiritual aspect of loss. I will explore with the therapists:

1. Their clinical understanding of loss.
2. Their description of the spiritual aspect of loss.
3. Their attitudes and beliefs about spirituality and psychotherapy.

Significance of the Study

This study contributes to the growing belief among certain theorists and practitioners of the need for Western psychology to include spirituality in clinical practice and study. As spirituality is a valid part of

the human's response to suffering and as psychotherapists deal with human suffering, understanding this dimension and integrating it into the therapy is an important challenge.

In the last 20 years transpersonal psychology has been growing and expanding to include more and more followers. However this is more a choice of the individual practitioner. As we learn more about loss, trauma and human development, our understanding of human nature changes. This will ultimately affect psychological theory and, consequently, practice. All clinicians will need to include the spiritual dimension in working with people who are experiencing loss or trauma.

In a similar line, the findings from this study may also contribute to a developmental perspective of loss or trauma. That is, what it means to us as humans from the perspective of life span development. And on the same continuum, what part does our spirituality play in our life span development?

From this study we may also gain an understanding of how to help therapists include spirituality within a therapeutic context. Although this study includes a small

number of participants, we will gain a better understanding of where they are in the evolution of psychotherapy and spirituality.

CHAPTER 2

REVIEW OF THE LITERATURE

It is my premise that the experience of loss, be it the result of a maturational or situational circumstance, includes a spiritual dimension and that the therapist has a phenomenological awareness of that spiritual dimension in the therapy.

However, in looking to the literature in a search for consideration of the spiritual dimension of loss, little is found that explores this dimension as a valid focus. So it is necessary to look to other literature which has evidenced this dimension as a human experience.

The review begins with an evolutionary look at how psychotherapists have related to spiritual phenomena and the shift from denial or exclusion to a growing awareness and appreciation. Then it moves to the recent writings on the phenomena of transcendence which is gaining more

attention in the clinical world. Next it explores the individual's transcendent capacity from the perspective of: phenomenological studies of bereavement, self renewal theories, adult development, and the creative process. Included in the review is an understanding of spiritual emergencies as it is explored by current clinical theorists. These perspectives will provide evidence of the growing awareness in clinical studies of the human's spirituality and bring to light the need for its inclusion in psychotherapy. This will be further supported by the themes which emerged from the interviews, and this imperative will be further explored in both the discussion and the conclusion.

Psychotherapy and Spirituality

The Schism

The schism between modern Western psychotherapy and religion has its roots in psychology's inception. Born during the era of Newtonian physics, its famous founder, Freud, himself a doctor, was trained in the scientific mode. The reign at the time was scientifism, and efforts to legitimize this new field began the open conflict. Anything connected with religion or spiritual experiences was either excluded from clinical study or pathologized.

This dissociation was a way for the profession to "earn its credentials and respectability as an empirical science as opposed to a speculative discipline, (and so) the dimension of spirituality was ushered out of the legitimate purview of psychology." (Shafranske & Gorsuch 1984, p.231).

Psychotherapy became the new science explaining and effecting change in human behavior. While psychology was becoming more popular, formal religion saw a significant decline.

As psychology grew its efforts moved to explore human suffering and pain in a broader ontological experience. A few notables began to challenge the psychological boundaries of the human experience which held religion or spirituality on the outskirts. Some prophetic words from these clinicians follow:

"There may be a few who will dare to investigate the possibility that there is a lawful reality which is not open to our five senses: a reality in which present, past, and future are intermingled, in which space is not a barrier and time has disappeared....It is one of the most exciting challenges posed to psychology." (Rogers 1973, p.386)

"I want to demonstrate that spiritual values have naturalistic meaning, that they are not the exclusive possession of organized churches, that they do not need supernatural concepts to validate

them, that they are well within the jurisdiction of a suitably enlarged science, and that, therefore they are the general responsibility of all mankind." (Maslow in Elkins, et al 1988, p.5).

These authors were joined by other notables, Allport, Frankl, Jung, Erikson, May, et al, who were challenging psychology's suspicion and exclusion of spirituality. As efforts turned to psychology to answer important life questions, people became disappointed by its "behavioral approach" and it, too, began to lose its popularity. Allen Bergin lists the historical events in organized religion and traditional psychology which led to these challenges to and, eventually, disenchantments with both by western civilization. He states:

"1. Science has lost its authority as the dominating source of truth it once was....

"2. Psychology in particular has been dealt blows to its status as a source of authority for human action because of its obsession with "methodolatry", (Bakan, 1972), its limited effectiveness in producing practical results, its conceptual incoherence, and its alienation from the mainstreams of the culture (Campbell, 1975; Hogan, 1979)....

"3.The spiritual and social failures of many organized religious systems have been followed by the failures of nonreligious approaches. This seems to have stimulated renewed hope in spiritual phenomena...

"4.The emergence of studies of consciousness and cognition, which grew out of disillusionment with mechanistic behaviorism and the growth of humanistic psychology, has set the stage for a new examination of the possibility that presently unobservable realities - namely, spiritual forces - are at work in human behavior." (Bergin 1980, p.95-96).

Setting the stage for these changes was the new physics. Physics is an important science for a culture. It provides the "...framework for imagining reality. So basic is physics that not only do the natural sciences depend upon it for their basic framework but psychology, metaphysics, theology, art, economics, education and technology also take a certain physical view of the world that is derived from physics as their starting point." (Fox 1990, p.140-141). Einstein is credited with freeing us from rational scientifism. In his theory of relativity and its expansion to quantum physics concepts such as interconnectedness, matter as movement, both paradoxical and dialectical, emerged. Reality changed and physicists found a "...closer accord with mysticism than materialism." (Davies 1983, p.vii).

The following is a brief exploration of these concepts and their evidence in psychology today.

1. Interconnections: The study of the atom challenged the theory of "rugged individualism". "What we see in organic and non-organic substances is a "web" of relations between the various parts of the whole." (Fox 1979, p.144). The universe is seen as a pattern of connections that makes up the whole. Each particle has its

relatedness to this whole. In spite of the differences these parts have an inherent connection to the universe.

Psychologically, there is greater and greater awareness to the nature of human connectedness on all levels and in all forms, and more awareness of the therapist as participant in the therapy.

2. Matter is a verb, not a noun: Matter is energy. It is not a stagnant mass but rather it is dynamic and active and moves to form patterns and processes. Therefore it is ever changing, shifting, "regenerating". We are not bound by a form. Our energy connects with other energy to share and move and create.

So much of our traditional clinical/medical model is oriented toward regaining homeostasis. Efforts to relieve pain, or remove symptoms, or recover from disorders was the treatment goal, with the underlying belief of returning the individual to a previous level of functioning. We are now challenging this framework in which to view health. If we are dynamic then health looks different. We are in process and processing; we are in change and changing. We are continually forming new shapes, interacting - interrelating - re-creating. The goal for health is a way to facilitate and support the

change and the person's capacity to change in spite of "perceived limitations".

3. Paradoxical, dialectical: Once again looking at the atom world the physicist found nothing but contradictions. "The subatomic world itself was discovered to be full of paradox, dialectical and the union of opposites." (Fox p.146). We see in the atom the tension between the positive protons and negative electrons and the "bi-polar" interaction between them.

In therapy we deal with the conflicts humans struggle with, their paradoxical meaning, and the dialectical process needed in order for the human to form a synthesis of these polarities and become more integrated, and grow.

4. The organic universe: "The organic universe has replaced the mechanistic one....the interconnection of all matter - and indeed, the convertibility of energy and matter. To establish that matter is a verb and not a noun or substance, and to realize that true knowledge of matter is, like matter, paradoxical, dialectical and relative, is to reestablish an awareness of the universe as a whole." (Fox 1979, pp.147,148).

Awareness of our interconnectedness and of being part of a whole is a poignant and powerful life force. The range of our connectedness moves from global awareness to honoring the tree in our backyard to holding the hand of an AIDS patient to the experience of our oneness. The rugged individualism of our American culture is rapidly bowing in recognition of the truth of our relatedness to all humans and their sufferings.

The individual has a deep and very old history of connections as well as many more recent connections, and so the individual is a composite of connections that keep shifting in their pattern of connectedness to the whole.

The concept of wholism has been powerful in the field of health and education. We attempt to see individuals in context and how they relate to their world, and the meaning of their connections. We seek to understand the phenomenological experience of the person's reality and how they create their meaning through their associations.

Of course the new physics has offered many other ideas that have influenced psychology, and other fields, such as biology, education, engineering. For the purpose

of this paper we will focus on the four concepts mentioned.

So powerful is this new physics that it is changing our ideas about the world, creation and existence.

Questions that were once tackled by religion:

"What is life?

What is mind?

How did the universe begin and how will it end" (Davis 1983, p.viii), are now being answered by the new physics.

"It may seem bizarre, but in my opinion science offers a surer path to God than religion." (Davis 1983, p.ix).

If science and spirituality are meeting, then perhaps psychotherapy and spirituality can create a different relationship.

Bridging the Schism

The disenchantment with mechanistic psychology and rigid traditional religious doctrines, and the emergence of the new physics, were major influences in the need for a new look at psychotherapy and spirituality. And along with the need for a new look came the need to understand spirituality in a "humanistic" way and to understand its

relationship to psychotherapy. A starting point is trying to understand the significance of religion or spirituality for client and for clinician.

Bergin cites statistics from a number of surveys which show that Americans attest to a religious/spiritual experience of life. (Bergin 1980, p.99). He cites a public survey in 1978 of the U.S. population showing that "More than 90% of the U.S. population expressed (a religious) belief, while about 30% expressed strong conviction about their belief." (Bergin p.99). If this reflects the American public then how do therapists respond to questions about their own religious/spiritual beliefs?

Shafranske and Gorsuch analyzed data from 272 respondents which "included questions in personal history, current religious affiliation, theoretical orientation, education and clinical training, attitudes towards the relevance of spirituality within personal life and within clinical work." (Shafranske & Gorsuch 1984, p.233). The survey offered participants a definition of spirituality based on the investigation by the California State Psychological Task Force on Spirituality and Psychotherapy. The first part of that investigation was to provide "a working definition of

spirituality. It was posited that spirituality defined a unique, personally meaningful experience which although positively related to specific forms of religiosity was not reliant upon any given form or appearance."
(Shafranske & Gorsuch 1984, p.233).

The following definition was accepted as appropriate for this study:

"It has been said that spirituality is the 'courage to look within and to trust.' What is seen and what is trusted appears to be a deep sense of belonging, of wholeness, of connectedness, and of openness to the infinite." (Shafranske & Gorsuch 1984, p.233). In utilizing this broad definition of spirituality the survey "results suggest that in general psychologists perceive spirituality, as broadly defined in this study, as relevant in their personal lives." (Shafranske & Gorsuch 1984, p.236). The results were significant in that "over half of the psychologists sampled are personally involved in some form of religion or spirituality." (Shafranske & Gorsuch 1984, p.236).

This information, although new, was not a surprise. Culturally, interest was growing among clinicians to restore the relevance of the spiritual domain in

mainstream psychology. This was represented by the growing interest in consciousness and altered states of consciousness, transcendental meditation research, the organization of divisions within the APA, such as Psychologists of the Humanistic Psychology Organization and The Transpersonal Psychology Organization. The interest - the direction to explore the spiritual dimension and its inclusion in the study and practice of psychology is emerging strong, and along with this strong interest is the need to clarify terms and to develop models for this convergence.

Toward an Understanding of Spirituality

In order for psychology to include spirituality we need to have a working definition or understanding of this dimension of human experience.

Current research work at the Graduate School of Education and Psychology at Pepperdine University has included the development of a Spiritual Orientation Inventory. It is an attempt to measure that human dimension identified as spirituality, as based on descriptions of the writings of several theorists who have phenomenologically explored this human dimension. The efforts are toward an understanding of spirituality

as a dimension of human experience which exists in all persons, whether part of a religious organization or not. Their goal was to define and describe spirituality through a phenomenological perspective. The motivation for the research is based on the importance and relevance to psychotherapy to be aware of and include that dimension of human experience - spirituality. Given the enormous changes in our culture toward traditional religion and a number of alternative religious paths, a clearer understanding of spirituality without religious doctrine would be most helpful.

Following are some of the theorists whose writings were included in the study: William James (1958), Carl Jung (1933,1964), Abraham Maslow (1962, 1966, 1970, 1971), Rudolph Otto (1923), John Dewey (1934), Gordon Allport (1950), Mircea Eliade (1959), Martin Buber (1970), Erich Fromm (1950), Viktor Frankl (1963) and others. (Elkins 1988, p.9).

The researchers formulated the following definition of spirituality:

"Spirituality, which comes from the Latin, spiritus, meaning 'breath of life', is a way of being and

experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the ultimate." (Elkins, et al 1988, p.10).

The following are the components of spirituality which provide a more expansive understanding.

- "1. Transcendent dimension - The spiritual person believes in the 'more' - that what is 'seen' is not all there is. He or she believes in an 'unseen world'...The spiritual person is one who has experienced the transcendent dimension, often through what Maslow referred to as 'peak experiences', and....draws personal power through contact with this dimension.
- "2. Meaning and purpose in life. The spiritual person has known the quest for meaning and purpose and has emerged from this quest with confidence that life is deeply meaningful and that one's own existence has purpose....each person has filled the 'existential vacuum' with an authentic sense that life has meaning and purpose.
- "3. Mission in life. The spiritual person has a sense of 'vocation', is 'metamotivated' and understands that it's in 'losing one's life' that one 'finds it'.
- "4. Sacredness of life. The spiritual person believes life is infused with sacredness and often experiences a sense of awe, reverence, and wonder even in 'non religious' settings.
- "5. Material values. The spiritual person can appreciate material goods...but does not seek ultimate satisfaction from them....that ultimate satisfaction is found not in material, but spiritual things.
- "6. Altruism. The spiritual person believes we are our 'brother's keeper',....that 'no man is an island' and that we are all 'part of the continent' of common humanity.

"7. Idealism. The spiritual person is a visionary committed to the betterment of the world....committed to high ideals and to the actualization of positive potential in all aspects of life.

"8. Awareness of the tragic. The spiritual person is solemnly conscious of the tragic realities of human existence....is deeply aware of human pain, suffering and death....This awareness provides him or her with an existential seriousness toward life...paradoxically, however, awareness of the tragic enhances the spiritual person's joy, appreciation, and valuing of life.

"9. Fruits of spirituality. The spiritual person is one whose spirituality has....a discernible effect upon one's relationship to self, others, nature, life, and whatever one considers to be the ultimate." (Elkins, et al 1988, pp.10-12).

These components serve as a wide range perspective for understanding spirituality and include characteristics that are not bound by doctrine or culture. No doubt there are limitations as the information was drawn from writers who formed a certain group in our culture. This is however, a good beginning, a place to start building.

From my own experience as a woman and a therapist I would like to add two more components which I believe are part of our spiritualism:

1. The many levels of spiritual awareness. The spiritual person may not always be fully conscious of his or her spirituality in the sense that they articulate it with

words or include it in a cognitive way in his or her life. The experience of his or her spirituality may be through symbols or images, storytelling, relationships, dreams, or intuition. These expressions of spirituality add a mystical dimension to life that he or she can recall or identify.

2. The spiralling of spirituality. The spiritual person can recognize the ebb and flow of their spirituality throughout their life due to normal development and life circumstances. Each time the individual is challenged the meaning of their spirituality undergoes changes and there is a sense of loss or brokenness or pain. Any crisis that challenges the person challenges their spirituality as well, and calls for the creation and then integration of a new, personal spirituality.

I invite the reader to think of and include other components as well.

With these components in mind it would be difficult to think about doing psychotherapy - dealing with life traumas, coping with pain or developmental crises, and not attend to the person's spirituality.

Toward a Convergence

The interest in Eastern disciplines seems to be connected to the growing consensus among practitioners and theorists of traditional psychology's limitations in knowing and helping all of the person. The need for a more wholistic approach which included the client's spirituality became sought. The focus of humanistic psychology on the self, the fully actualized person, began the way to understanding the individual and his or her full potential. But soon contributors began to sense an incompleteness.

Miles A. Vick writes:

"We benefited from the personal growth and human potential ideas, methods and practices of that era. After a number of years of identification with humanistic psychology, a spontaneous shift of interest occurred for many of us. Put simply, the focus on ego development, the self, and the actualizing personality began to seem incomplete.

"...we were becoming aware, ...that a psychology focused primarily on the self or actualizing person neglected a larger context....This is what led us to conceptualize a transpersonal orientation, one that extended across, through, and beyond personal psychological boundaries." (Vick 1990, p.48).

We have been studying the human experience through a rational, empirical perspective, which has offered us

symptoms, disorders, diseases and diagnoses. We need to now understand the phenomenological experience of the individual which constitutes their personal meaning, personal style, and personal spirituality.

"Transpersonal psychotherapy must, therefore, continually strike a balance between two somewhat opposing tendencies. On the one hand, there is an emphasis on the wounds, problems or developmental arrests of the individual as is suggested by the word 'psychotherapy', i.e., there is something to be treated. On the other hand there is an emphasis on the wholeness, the completion or fruition which is to be found in the collective, transcendent, or the spiritual." (Scotton 1985, p.51).

Transpersonal psychology, like other wholistic psychologies emerging, includes those dimensions of human development not included in traditional models; those dimensions of creativity, spirituality and higher levels of self seen in Eastern models of human development. As we enter these "new" areas we become reconnected to ancient wisdoms of our culture and other cultures as well. "...reconnected to ancient, documented, time-tested practices in meditation, consciousness disciplines, spiritual paths, etc., all of which had psychological components." (Vick 1990, p.49).

Although more attention in the last 20 years has been given to psychospiritual needs, very little of this has filtered down into traditional graduate programs.

Very little has been formalized for the practicing clinician to assist him/her in addressing and integrating their clients' spiritual needs.

Summary

In summary, the need for psychology to expand and include the dimension of spirituality is its present challenge. Studies of Americans have shown the relevance of a religious/spiritual dimension to life. The growing interest in Eastern disciplines and the development of wholistic psychologies by clinicians is consonant with the findings of these studies. No longer can psychology maintain its separateness from spirituality. A beginning step to this convergence is the exploration of the dimension of spirituality from a "non-denominational", "humanistic" perspective that offers psychotherapists a working understanding of this dimension.

Toward a Definition of Spirituality

It is very difficult to define this term as it has gone through its own "meaning evolution". The attempt here is an understanding of spirituality in its broadest meaning and not exclusive of religious doctrine but rather inclusive of the commonalities found in all

religions. Psychology's approach, as we have seen, is to identify the characteristics of spirituality from psychological literature of authors who have made wonderful attempts at gleaming a glimpse of this part of our humanness. In their attempt to provide a "humanistic" understanding, I'm not sure they have excluded "religious doctrine". As the contributing authors, all have had "roots" in some religious traditions.

It would be wonderful if, in our struggle to define spirituality, we could include the "roots" of our own religious traditions as well as the "branches" of our visions and hold more of the evolutionary perspective of spirituality.

Spirituality is the depth reality of our humanness. It is where we face the totality of our being as well as the source of our being. It is the deeper part of all our human dimensions and speaks to our way of being and acting in the world through our "ultimate" values.

There are inner and outer manifestations of our spirituality. The inner realm is the deepest point at which we meet ourselves through our shared roots and our divinity. The outer realm is the images we manifest in the world through our creativity, visions, dreams, and myths.

Spirituality - the place where when facing our human limitation, our mortality, we grasp our eternal life, our hope!

Perspectives of Transcendence

There are many aspects of a human's spirituality. In this part we will explore the phenomenon of transcendence as it is described in various psychological experiences. In this context transcendence is a part of our spiritual consciousness and speaks to our capacity for transformation. Of late, more and more clinical interest has been shown in personal transformation during times of crisis, such as loss. We will begin our exploration of transformation and transcendence with the phenomenological exploration of bereavement.

Phenomenological Studies of Bereavement

In psychology our study of loss has traditionally been through the event of bereavement; specifically, the event of the loss of a loved one, whether through death or separation. Freud's treatise, "Mourning and Melancholia" (1957), initiated the clinical exploration of the process of grieving. From that point on, many

notable theorists, Bowlby, Lindemann, Kubler-Ross, etc., have provided much insight into the dynamics of this major life event. The theories have offered diverse and rich information about the intrapsychic and interpersonal struggles for the individual as they face this loss crisis in their life.

Through whichever theory used to describe this process, the notion as to the need for the person to go through the grieving has been collectively agreed upon.

As the information for these theories moved from scientific observation of symptomology to understanding personal meaning, classifications as to abnormal or normal grief became less easily differentiated. The response or reaction to loss for one person could not be generalized to another, even to another member in that family, who may be sharing that loss. People at risk became less easily identified. It was clear the framework we were using to understand grief or traumatic loss was missing an important component that could better explain these individual response variations.

When research shifted from quantitative methods of inquiry to qualitative, and included the phenomenological experience for that individual, then we could understand

that personal aspect of a very universal, cosmic event. We tapped into the "meaning" of that loss for that individual. What has surfaced in these phenomenological studies of bereavement are common themes (Kessler 1987, and Carter 1989). One of the themes which is consistently present for all the interviewees is the one of spirituality or spiritual consciousness. It is explained in different ways, according to the person's style and developmental level, and is the part of the experience which indicates a feeling of "being whole once again," of "deeper connectedness to the universe," of "deeper healing."

In all the studies (Carter 1989, Kessler 1987, Cochran 1987), the researcher sought to tap the subjective meanings of the experience for the individual. In-depth interviews were the vehicle, and thematic analysis illumined the themes common to all the participants. All three studies pointed to the challenge for the individual, the change needed to meet the challenge, the deep searching in an effort to feel whole again, and the experience of a transformation. As participants described their experiential world they disclosed the awareness that they had undergone a deep "shift" from within. The following are some themes to illustrate the movement. Although Claspell & Cochran list

many more themes the following will serve to offer a glimpse of this journey as described by the participants.

"SPREAD OF LOSS"

The experience of that sense of loss spreads to all parts of one's life; in all associations and with constant reminders.

"INTENSITY OF PAIN"

The experience that the pain encompasses the whole person - body-mind-soul - and the whole life, inner and outer, and we yearn to recover the loss, to recover the peace - to move away from the pain.

"FEAR OF THE UNFAMILIAR"

As the experiencer's world is no longer shaped in the same way with the same securities, fear grows in every aspect of her life. Fear of relationships, choices, further losses, fear of suffering, fear of one's own death, fear of the unknown.

"SEARCH FOR A WAY OF BEING"

The meaningless prompts the "...search for answers, to become reoriented, to re-cultivate another way of being." There is an openness to new ways, to new information and new shapes that might fit.

"RECOGNITION THAT ONE IS GRIEVING"

There is the clarity that one is suffering from this loss. There may be confusion as to the why and how - but the recognition of the personal experience of suffering is present.

"DISCOVERING MEANING IN GRIEVING (CULTIVATION OF HOPE)"

The authors write: "Those who search begin to discover meaning, and with meaning, hope." (Claspell & Cochran 1987, p.81). The experience is meaningful as relating to other people and objects seem different than before - almost new.

"SENSE OF READINESS TO CHANGE"

Timing for movement through this process is not temporal. Timing is a sense of readiness to make changes or to prepare for newness. There is hope.

"SENSE OF CHANGE"

The sense of change takes many forms. "People variously describe this sense of changing as one of maturation,

actualization, enrichment, deepening and broadening perspective, and appreciating a certain wisdom in outlook." (Claspell & Cochran 1987, (p.85).

"DEVELOPING A SPIRITUAL PERSPECTIVE"

People identify this clearly in their experience of loss. The authors summarize the "indications" of this experience by many of the interviewed people by the following;

"There are certain traditionally spiritual balances that are approached or attained."

"Another indicator is the degree of compassion they have for other people, which does much to alleviate loneliness."

"People emerge from grief with a strong feeling that life is precious."

"People also emerge with a desire for goodness, to be of benefit, to make something good of their lives."

"PERSONALIZING EVENTS"

As greater awareness of life and people develops the experiencer becomes more personal, more intimate with the loss experience. "The reality of loss in living emerges not as a pall on existence, but a basis for appreciation, involvement, and a certain aliveness or vitality." (Claspell & Cochran 1987, (p.88).

"FADING OF GRIEF"

"One comes to a realization that the end of grief is an integration of the experience in one's life that continues in another form." (Cochran & Claspell 1987, pp.87-89).

This journey is very similar to the journey of the hero as described by Joseph Campbell in "The Hero with a Thousand Faces". He provided us with a "map" of life's themes that are common to all people. "While there are variations according to the culture, historical period, and type of hero, the common contours and crises are

clear enough to enable us to recognize the universal themes underlying the individual variations." (Walsh 1990, p.22).

The Hero's story:

"The mythological hero, setting forth from his common day hut or castle, is lured, carried away, or else voluntarily proceeds, to the threshold of adventure. There he encounters a shadow presence that guards the passage. The hero may defeat or conciliate this power and go alive into the Kingdom of the Dark (brother-battle, dragon-battle; offering, charm), or be slain by the opponent and descend in death (dismemberment, crucifixion). Beyond the threshold, then, the hero journeys through a world of unfamiliar yet strangely intimate forces, some of which severely threaten him (tests), some of which give magical aid (helpers). When he arrives at the nadir of the mythological round, he undergoes a supreme ordeal and gains his reward. The triumph may be represented as the hero's sexual union with the goddess-mother of the world (sacred marriage), his recognition by the father-creator (father atonement), his own divinization (apotheosis), or again - if the powers have remained unfriendly to him - his theft of the boon he came to gain (bride-theft, fire-theft); intrinsically it is an expansion of consciousness and therewith of being (illumination, transfiguration, freedom). The final work is that of the return. If the powers have blessed the hero, he now sets forth under their protection (emissary); if not, he flees and is pursued (transformation flight, obstacle flight). At the return threshold the transcendental powers must remain behind; the hero re-emerges from the kingdom of dread (return, resurrection). The boon he brings restores the world (elixir).

Like the hero, the bereaved person is brought to the edge of his/her reality and must now move into uncharted territory. Stephen Levine writes of loss, "These are our

meetings at the edge, at the point from which all growth originates....Beyond our fears, beyond our image of who we are, into the direct experience of life." (Levine 1984, p.xiv).

What the loss precipitates for the individual is a disintegration of a reality which they have been living. There are two aspects of this reality which undergoes a dramatic change if the individual is to move through the process. They are: ego-identity or consciousness and "meaning-structures".

I am using the term ego here in the way the person recognizes self and others - through their many roles, relationships and identifications. This is the conscious part of our psyche which is always getting feedback from the external world. When a loss occurs it challenges all of one's ego-identities. There is the experience of what has been lost as well as a sense of loss of self - no longer can the external world provide a framework for one's being. The self is different - others are different, the world is different. "Grief, (in this model) is the response of the ego loosened from an essential identity mooring and cast adrift in uncertainty" (Busick 1989, p.92).

There is danger at this point in the journey, due to the sense of the "spread of the loss" or disintegration, to not go on. But rather, to protect or defend the ego in some way. This may lead to many new behaviors and begins the "storehouse" of emotions clinicians often see. Coming from the ego base the person can not reconstruct their world as nothing is familiar. They need to go deeper to search for new meaning in order to reconstruct a sense of self.

As the griever moves deeper in an effort to search for meaning he or she finds disorganization here as well. Here, too, on the level of meaning making, something is lost.

Existential psychologists speak about "meaning structures" as the way in which we make sense of the world or construct our reality. When we experience a great loss we lose our sense of reality and our "meaning structures" no longer provide a way to relate to the world.

In the despair and disorganization, the experience of loss brings us to a void, a darkness. In this darkness the person must reach into parts of their psyche - their humanness which goes beyond their physical or intellectual being.

It is here, too, in this place of darkness, the clinician or helper might see the griever. The challenge for the helper or the clinician is to be there in darkness, holding the pain and awaiting the transformation.

The griever must journey still deeper to the spiritual realm. This spiritual realm has been described psychologically as the collective unconscious, theologically, as a sacred place, and humanistically as cosmos or our universality, our experience of oneness with the world.

In this journey, the griever goes beyond consciousness to seek new information, to create new meaning and a new sense of self in the world. "... (the griever will) engage in the soul-searching process of reaffirming or questioning religious beliefs and philosophies." (Kessler 1987, p.238).

This is a powerful experience. More than recovery.

Out of the experience of death the searching brings the individual to new life.

The transcendent quality of this experience has been identified by all the research mentioned. In this context then, transcendence is that capacity which enables all humans to transcend a state of total disintegration to a place of recreation. Kessler writes, "The pain of groundlessness can restore a greater appreciation of the 'miracle of being' - the fact of existence itself that May (1958, p.43) refers to as the 'I am experience'. In a religious context, such awareness reveals God as the support of the world (Koestenbaum 1980, p.226; Tillich 1952, Ch.6)...." (Kessler 1987, p.238).

There is variation in how people describe their experience of transcendence or spiritual consciousness in bereavement. The variation is due to different cultural, philosophical, theological or individual beliefs, as well as the particular loss experienced. The experience of loss for the human occurs in many different ways. Although we have focussed on information from bereavement studies, the presence of this powerful dynamic as a part of healing is evidenced in other dynamics, such as, the wounded inner child (Whitfield 1987), a model of healing for sexually abused women (Sanford 1991), etc. These models acknowledge the grief work needed for healing and include a spiritual dimension to that grief work. Whenever loss has been experienced, the loss of a loved

one, the loss of dignity, the loss of a belief, the loss of a dream that never was - it calls for a deep searching and leads to transcendence and new life. The capacity for transcendence can be found in all people as it is part of our humanness and provides for a deeper connection with other humans and the cosmos. Transcendence in bereavement, or loss, is going beyond the dualisms of:

conscious and unconscious
life and death
separation and connectedness
dissolution and creation.

Self-Renewal Theories

Trauma and crises threaten the psyche and the individual's usual adaptive and coping resources. The individual is confronted with a "new" situation, more complex and demanding than ever imaginable. At the moment of the confrontation with a life threatening crisis there is the realization that the individual is unable to remove or reduce the tension, and that experience of traumatization leads to major changes of the "self".

"...self renewal, the creative restructuring of the self that may follow the painful and disconfirming personal crisis of illness or other extreme personal trauma...is a possible response to pain and struggle..." (Jaffe 1985, p.99).

Crisis theory, like bereavement theory, has undergone changes over the years. Initially both were based on the concept of psychological homeostasis. (Caplan 1964; Lindeman 1944). As the field of psychology and human development grew, the concept of homeostasis could not include all of the experiences of the human. Research into adult development and life span studies revealed the human's capacity for qualitative change or transformation. The very tension created by the crisis challenges the individual to create a new sense of self in which to view the world.

Greer writes,

"The most strident criticisms of the equilibrium model have come from dialectical psychology....The dialectical perspective highlights the disharmonious aspects of life where stability 'appears as a transitory condition in the stream of ceaseless changes' (Riegel 1976). Life is seen as never static but always in flux, ever changing - a constructive evolutionary process characterized by contradiction and change." (Greer 1980, p.20).

The dialectical view of life gives a very different perspective from the homeostatic view. It offers a model of human functioning where the individual is capable of new, qualitatively different functioning, not based on the individual's previous history. The individual is

always changing and creating new ways of being. The vision of the human now is an "active-organism" as seen through an "emergent-developmental model..." of adult human life. (Greer 1980, p.21).

The occasion of trauma for the adult can be seen as paralleled to the markers of development in childhood. According to life span theories and self renewal theories, times of crises for the adult can provide opportunities for "ontological development".

This is a profound change for the individual and differs from usual adult growth. In this kind of development the self undergoes deep changes that affect its identity and meaning in the world.

Dennis Jaffe has identified three themes which are "...characteristic of survivors of every type of extreme experience who have gone through a self-renewal process.

"

1. Active struggle and response: Survivors quickly developed a personal theory of how they could overcome their adversity, involving some form of direct action on their part....This corresponds to the much noted but little studied 'will to live.'

"2. Transformational experience: Survivors report a deeply meaningful, intense, almost mystical or religious rebirth and change experience. Their whole feeling about themselves changes....They feel qualitatively different,...

"The process of survival through self-renewal thus leaves the person reborn....

"3. Survival as a shared experience: Rarely, if ever, is the self renewal process conducted alone. People report the presence of support people, including fellow victims (in self-help groups), lovers, family members, or therapist/helpers....These supportive relationships often follow bouts with self-destructive feelings or behavior and come about long after the extreme experience." (Jaffe 1985, pp.106-108).

The above themes are similar to the themes of bereavement presented earlier. Once again we see the individual faced with meeting the challenges of an extraordinary event calling for major inner and outer changes, leading to a transformation of life. "...the renewal process...(is) an experience of profound, all-encompassing destruction followed by regeneration." (Walsh 1990, p.95).

Once again we note the human's capacity to transcend suffering and death of self, and create new life. As reported in repeated studies, the theme of a spiritual consciousness (explained in various ways) indicates a transcendent experience. Each time we allow the person to tell their story and their phenomenological experience of their trauma or loss, and of their search for wholeness and healing, transcendence is revealed. In these stories

the life pulse is glimpsed, and we become more aware of a different kind of growth, one that speaks of expansion, deeper connectedness, an experience of wholeness and a sacred respect for life.

Adult Development

Transcendence in adult development has been noted well by Wilber (1990), Washburn (1990), Levinson (1978), Loevenger (1976). Up until now our focus in human development has been on the infant, toddler and adolescent. Fortunately there are a number of theorists researching adult development and self growth and self knowledge. There is no doubt loss calls for self growth. Earlier models of human development which did not include adult years were the basis for earlier models of grief (Freud, Bowlby, Lindeman). Since we are changing our understanding of this major life event, and since we are gaining more information about human development, it would be helpful to look at adult development - to understand transcendence in this context and to have a model of "self growth" in mind in understanding the human's experience of loss.

Life span theories and adult development models are identifying the human's growth potential and capacity

from birth up to and including death. In our clinical attempts to understand the human's response to loss or trauma, we have been limited by earlier theories of human development. If we have not been aware of the human's capacity, then the implications for helping people through these crises has been incomplete and possibly incorrect.

In theology the capacity for transcendence has been explored and accepted. In the face of crisis some transition must occur, and this is a time for the adult's spiritual potential to unfold. Van Kaam describes how our spiritual self develops and grows and becomes integrated into our being:

"The collapse of a periodic life form(s) leads to a temporary loss of balance. Hesitantly, in the midst of trial and error, a new periodic self begins to emerge. The self is differentiated; then a process of integration sets in. Wholeness is slowly restored. Our new periodic life form - more transcendent in nature - is gradually integrated with the sediments of our former periodic forms of life." (Van Kaam 1979, pp.82-83).

According to this theorist, transcendence is a part of our "spiritual self" and our spirituality is an inclusive part of the larger whole known as "self". During times of crisis when deep changes need to occur we are more aware of our transcendent self, as this is the

part of our being which takes us beyond our knowledge of who we are - beyond our ego. We have seen this validated by both perspectives presented earlier.

Transpersonal theorists, regardless of the particular model of development used, "...see transcendence as a developmental transition to a level of experience beyond that centered in the ego or personal self." (Washburn 1990, p.85).

Developmental theorists described the growth of the self having stage like qualities. There is a hierarchy of differentiation and organization leading to a more complex and expanded self. There are variations among developmental theorists as to the specifics of self growth. Kegan (1982), and Wilber (1986), most especially, offer some understanding of the transition between the "lower self stages" and "higher self stages" and the aspect of acquisition and loss that is part of the transitional dynamic in stages of growth. As the individual acquires new information that doesn't fit with the old self, disorganization occurs. The "old self" must die to a new way of being and there is an awareness of loss. For much of our growth these transitions are meaningful but don't lead to a crisis. There are times,

however, when the reorganization necessary is so great that a transitional crisis is experienced.

Wilber describes these crises as the "life/death" battle that can occur on all levels of self development. These, "...battles....represent an existential conflict....because they involve profound and meaningful events in the course of human existence." (Wilber 1986, p.117).

Wilber, along with May (1977) and Yalom (1980), maintain that these "...existential conflicts can occur at all levels of development and at varying degrees." (Wilber 1986, p.117).

When the acquired information forces a major shift from the "old" to the "new" self, the loss experience brings the individual in touch with a personal mortality and thus begins the search for meaning. None of the usual meaning will fit. The person must search beyond their present self knowledge. In moving beyond the present "self world" the dying "self" looks to the cosmos for meaning and transcendence.

Both Wilber and Washburn describe the transcendent dynamic as a U-turn to the origin event in the person's

life. Although there is some theoretical controversy between the two about adult development, they both agree on the individual's capacity for transcendence and the journey involved.

Like the hero, the "call" for meaning, new meaning, a new self brings the individual through a descent and then an ascent; where the individual moves from consciousness to death to higher consciousness. "...regression is inherent to transcendence. This regression in the service of transcendence has been expressed in various ways. (Such as) In the hero's odyssey (Campbell, 1949; Brallas, 1986),...." (Washburn 1990, p.91).

Wilber uses the term involution to describe the transcendence that occurs during a life crisis. He places involution in the context of evolution or "self" growth. "...before the higher stages can unfold from (or rather through) the lower, they must first be enfolded or "lost" in the lower." (Wilber 1990, p.123).

For Wilber transcendence is essential to evolutionary growth. In order for the central self to ascend to a higher level it must negate, disidentify or detach with the lower self. Unless the self can "die" to

that level it will not transcend that level and evolve or grow.

What the "U-turn to origin" concept suggests is there are times during normal development when the individual is faced with a major challenge that calls for a transformation of consciousness. This call speaks to more than the usual kind of growth, such as the acquisition and integration of new cognitive material. The new information challenges the unified self and a disintegration - separation - begins. The individual must seek a "deeper source" for a way to create a renewed unity. In Jungian theory this greater source is the archetype, in Eastern beliefs it is the return to matter, in mythic story it is the underground, in western Christianity it is the divine darkness.

It's as though one must travel the valleys in order to find a path to the peaks. The importance of this nadir experience to growth is gaining more attention through our understanding of adult development.

Here in the depths of one's experience are the "seed potentialities" of the universe. (Wilber 1977, p.272)...."....identity begins to touch that within which is beyond." (Wilber 1977, p.273). And so in this descent,

letting go and dying, the individual comes in touch with a source greater than itself and experiences a transcendence. The ascent begins creating a greater unity of self than previously experienced...."Through insight and experience he/she understands indeed that there is within him/her that which goes beyond." (Wilber 1977, p.272).

These are powerful experiences which until recently have found more acceptance in Eastern beliefs. With growing knowledge of adult development we are naming these mystical experiences. Understandably, these experiences are the ontological markers of adult development.

Transcendence then, in adult development, occurs in those occasions when one experiences a depth of oneself. In that depth one has awareness of going beyond oneself, of transcending self as one has known it and expanding into a greater self.

The Creative Process

What the previous perspectives reinforce is that transformation is a qualitative change in our being and

unlike other growth includes much more than the integration of new cognitive information. When the individual is faced with a deep, complex struggle, the search for an answer requires different thinking. If, in the face of this struggle, something new is to emerge then it will require another way of knowing. Intellectual growth involves cognitive processing, transformation involves creativity.

Arieti writes,

"....the creative process goes beyond the usual means of dealing with the environment or with oneself. It brings about what is considered - by some people, at least, and perhaps by all - a desirable enlargement of human experience." (1976, p.4).

What exactly is creativity? Although the subject has been referred to and analyzed throughout human history, formal interest in the subject began in 1950 when J.P. Guilford (who was then President of the APA) noted in his address the lack of (clinical) interest and research in creativity. Although this spurred an increase in exploration of this subject, it is only just beginning to expand into cross cultural and non-traditional domains.

Most theorists agree that creativity involves the "interaction between mental elements and (the) emotional

field." (Vargiu, p.316); that it includes "...divergent thinking, redefinition, and transformative abilities..." (Guilford, p.314); that it is "...problem solving activity that involves the whole conscious and non-conscious regions of the mind..." (Rugg, p.315).

Our sense is that something sets the creative process into motion. Some compelling need to find something new begins this complex and intriguing process that is distinctly human. Mac Kennon writes, "The creative process starts only when one sees or senses a problem. The beginning of creativeness requires that one become aware of something that is wrong or lacking or incomplete or mysterious." (Isaksen 1987, p.124).

Creativity is distinct from intellectual problem-solving in that problem solving usually involves linear thinking. This kind of cognitive reasoning or development is referred to as secondary thinking. The secondary process is responsible for the usual left hemispheric functions - conscious cognitions, logic, reasoning. It's that part of our thinking that enables us to organize information so that it becomes connected to other concepts or ideas. My image of thoughts in this process is they have a beginning - middle - end, and some background and some links.

In contrast, primary thinking has none of this organization. It has been described as chaotic or disordered. This process has been called the unconscious or preconscious and referred to as right hemispheric functioning. There is much activity in this process. Lots of images and memories bouncing into each other, making new images or symbols. Instead of concepts forming here, Arieti describes the formation of "endocepts". "Endocepts give birth to intuition and to empathy." (Fox 1979, p.130). Theorists have proposed that creativity is the sum and interaction of both these processes. Arieti (1976), more specifically, offers the possibility of a tertiary process, "I have proposed the expression, tertiary process, to designate this special combination of primary and secondary process mechanisms....The tertiary process, with specific mechanisms and forms, blends the two worlds of mind and matter, and, in many cases, the rational and the irrational (1976, pp.12,13).

Here in this tertiary process is the meeting of the conscious and unconscious, of right and left hemisphere, of endocept and concept. In this process the connections of the primary process join together with connections of the secondary process to create unforeseen connections -

new thinking. "The creative person then is a Maker of Connections who has first seen these connections at some almost unreachable level of awareness." (Fox 1979, p.131).

Through this dialectical movement the creative process enables the individual to live amidst both realities, that is the conscious and the unconscious, and allow something new to emerge. The creative product represents a transformation. It's a way of moving through life. The creative process is the essence of transcendence. Our ability as humans to create anew something from that which has died. "It is this death and dying and suffering that true art involves....Art is a transformation of spirit that touches the very purpose of life itself which 'is its transformation.' " (Fox 1979, p.110).

Researchers agree that the creative process is not a brief act. It usually includes a span of time spent in "prolonged searching." The process includes stages such as "preparation, frustration, incubation, illumination, and elaboration..." (Isaksen (Ed.) p.316, Vargiu). Much has been hypothesized about the incubation period. Its importance to the creative process has been repeatedly

identified by many theorists. Many artists and poets also describe such a stage, and they all infer that it is a precursor to "illumination." It is the time or period when transformation of old material into new patterns occurs. Symbolically it implies a "winter" when old life has played out and the time for lying fallow allows the time for new life to come. Getting to this place involves a loosening up or letting go or disidentifying with usual images or concepts. In freeing the mind we enter the void or the darkness and wait or let be until creation occurs. This is a familiar process in that we have all experienced this journey in our lives. We are all creative. There is also familiarity with this journey as it has been mapped out in variations to explain other life events, such as bereavement, adult growth, self renewal, and in the mythological description of the hero's journey. Creativity, like the other journeys mentioned, sees the individual break through barriers in order to expand the self and integrate to another level of wholeness. It is a birthing process, and men and women alike give birth to new life. "Creativity is a parenting experience and the creative person is challenged to become, in a certain manner, his or her own father and own mother...." (Fox 1979, p.122).

Creativity and Loss

Most of our problem solving is done through the secondary process. Grief, like other complex and profound struggles, calls for more.

As we look to the stages posited in the description of the creative process there is a strong resemblance to the journey of the loss experience.

In all of the descriptions of loss one gets the sense that the individual is faced with a deep, complex struggle requiring different thinking in their search for an answer; that somehow, something new and important must emerge to give meaning to life.

Rochlin, in his book Griefs and Discontents, (1985), devotes a whole chapter to creativity and the loss complex. He describes creativity as "...a mental activity that serves to restore the balance."

The experience of loss sets into motion the creative energy of the individual. The need of the individual to recoup her loss, so as to somehow restore a balance, generates creativity, and that "...the creative process makes restitution possible." (Rochlin 1965, p.170). He

describes creativity as a process, "...the means through which a problem may find a solution, with new connections, new relationships in time and space, new meanings." (Rochlin 1965, p.177).

It is the human conflicts of fear of loss, dread of abandonment, and the thought of dying which are the deep motivators generating the need for creativity. That "...creativity be known as a process involving some of the most profound human motivations." (Rochlin 1965, p.183).

In our study of the human, evidence of creativity can be seen over and over again. In clinical dynamics, education and learning theories, scientific and technical endeavors, expressive productions, and on and on. Everything that speaks of our humanness, speaks of our creativity.

Creativity and Spirituality

Religious or spiritual experiences also go beyond secondary thinking. In these experiences the material world or logic are not the bases of belief of a higher power, of universal connection, or of God. The awareness of these experiences are mystical and come to us in

images or symbols through an intuitive sense or a revelation.

Creativity has long been connected to spirituality. The creative process is an emergence of something new. Just as the spiritual journey speaks of transformation and giving birth to a new self. In both, some life issue precipitates the struggle and the process which ensues is one of separation, depression, a feeling of deadness and then a breakthrough and integration which speaks to expansion or elaboration.

The connection between spirituality and creativity can be seen in both the human's expression of a subjective spiritual experience as well as with the resemblance of the map of both processes.

It is the process of creativity which enables a spiritual, transcendent, transpersonal experience. The creative, intuitive way of knowing allows an opening to the transpersonal consciousness and...."In the transpersonal consciousness, the underlying oneness of the universe becomes apparent, and the ordinary confines of time and space are experientially transcended." (Shallcross and Sisk 1989, p.6).

This is the journey which takes us in and then out. Like the very cycles of nature, in which life leads to death leads to new life. Over and over again we face the loss, the fears and the pain. Creativity allows us to enter so we might emerge. "Creativity is about overcoming fears by entering into them and spiraling out of them." (Fox 1979, p.118).

In this context creativity speaks to our capacity for transcendence in that it allows us to "spiral" out of our "deadness" and give birth to new life. This is the essence of our spirituality. Our capacity to "spiral out", to transcend, is also the essence of life. "If creativity is a spirituality, then it is with us at some level and in some way all our day long." (Fox 1979, p.109).

Summary

We have been exploring transcendence through the perspectives of recent phenomenological studies of bereavement, self renewal theories, an adult model of development, and creativity.

Whenever the individual is faced with a maturational or situational event which calls for major inner and

outer changes it evokes a profound struggle. The struggle challenges their very being, and perhaps the meaning of life itself. These life/death conflicts represent a call for "new" life as the old life has been lost. The individual is ever conscious of the dualisms which are the core of this struggle. That is, the dualisms of life/death, conscious/unconscious, mind/body, separateness/connectedness.

The tension of the dualities compels the individual to search for new life, a new sense of self, a new world view. There is confusion and disorganization, sadness and despair. The searching leads the individual to a deeper inner space, beyond ego identity, beyond existential meaning, to a void. Here is where the journey enters the spiritual realm.

In this place of aloneness and darkness a connection with a source greater than oneself is found. A connection with the cosmic God or the archetypal or the universal humanity of all beings. From this transpersonal consciousness new life emerges. The dualisms have been transcended. There is an expansion of the self, a feeling of deeper connectedness, of wholeness, of the sacredness of all life. "Any situation may be perceived as an

opportunity to heal the split mind that generates conflict while caught in the illusion of separateness. A mind possessed by illusions is healed when it awakens to vision and Self as Spirit, eternally free." (Vaughan 1985, p.214)

Toward a Definition of Transcendence

Transcendence is that capacity which speaks to our humanness and our divinity and is present in all individuals. Experiential awareness is through an inner knowing that leads to profound change. What is transcended can be considered the greatest of dualities, that is, God and human. The transcendent experience has been described as a deep sense of "oneness" with all and/or with God.

"Our inherent capacity for self healing is empowered when we awaken the vision of unity consciousness." (Vaughan 1985, p.214).

Transcendence provides a direct experience of spiritual realities through insight and intuition of one's own mind and nature.

Spiritual Emergencies

Description

In the preceding we have been looking at the human's capacity for transcendence during a transformative crisis as it is presented in current psychological literature. The discussion would not be complete without including a discussion of spiritual emergencies. Grof and Grof (1989) edit a book entitled Spiritual Emergency: When Personal Transformation Becomes a Crisis, where they collect the writings of many authors who have written on this topic.

They described these experiences as "dramatic experiences and unusual states of mind...(which) can be healing and have very beneficial effects on the people who experience them...(providing) opportunities for personal growth." (Grof and Grof 1989, p.x). These crises of "evolution of consciousness, or spiritual emergencies" have been known in religious literature or stories of mystics, saints, yogis or shamans. However they note, along with other writers, (Walsh 1990; Perry, in Grof 1989, and Walsh 1990, et al), that reports of spiritual emergencies or awakenings are growing among people who are involved in a personal transformation.

Tracing this interest back to the 1960's, westerners experienced a "renaissance" in spirituality and an evolution of consciousness. This was the era of psychedelic drugs and a growing interest in Oriental philosophy. Although our understanding of transcendence was not new, its place in the day-to-day world of the individual became prominent. Spirituality broke free from the constraints of religious doctrine and, as Ram Dass writes, "Up until the 1960's...the mediator between you and God was the priest...and what the 1960's did was blow that whole system apart. That era once again made the relationship to God a direct experience of the individual." (Ram Dass, in Grof and Grof 1989, p.174). In the same essay, he adds, that the Quakers and some other traditions had always experienced this but the mainstream religions had not.

The merging of the East and West made available many techniques for achieving altered states of consciousness. Individuals in greater numbers began to explore other realities more openly. They became aware of aspects of the self that led to a broader sense of self realization through mind expansion.

The spiritual path to a deeper awareness of the self and the world, was one of turmoil and chaos. It included physical pain, emotional distress, sensory and perceptive changes. Traditionally psychiatry had viewed such manifestations as a "psychotic break", and treatment often included institutionalization and major tranquilizers. A few maverick clinicians (Perry, Laing, Kornfeld) began assessing and treating these manifestations as "evolutionary crises." Not only did our understanding of these occurrences change, but in many cases, treatment, as well. Grof writes, "The approach to people in crisis has to be flexible and creative, based on the assessment of the individual nature of the crisis, and utilizing all the available resources."

The most important task is to give the people in crisis a positive context for their experiences and sufficient information about the process they are going through. It is essential that they move away from the concept of disease and recognize the healing nature of their crisis." (Grof and Grof 1989, p.192).

Other parallel events need mentioning here before we go on to explore what an "evolutionary crisis or spiritual emergency" looks like.

In the 70's, research on Near Death Experiences became formalized. Reports from individuals who "died" and were then "brought back to life" were compiled. All described major psychospiritual changes as a result of the experience.

"When some people come close to death, they go through a profound experience that involves leaving their bodies and encountering some other realm or dimension, and that permanently and dramatically alters their attitudes, beliefs, and values. These near-death experiences, or NDEs, are often the seeds that either immediately or eventually flower into profound spiritual growth....the NDE may become our most common doorway to spiritual development... and...because it often occurs to people who are not looking or prepared for spiritual growth, it is particularly likely to lead to a spiritual crisis." (Greyson and Harris, in Grof and Grof 1989, p.201).

Surprisingly, or perhaps not, a 1980-1981 Gallup Poll estimated "about 8 million Americans have had NDEs...." (Greyson and Harris, in Grof and Grof 1989, p.201).

Connected to this research was the new and growing field of thanatology, a discipline concerned with death and dying. Both these areas of interest provided clinicians with the opportunity to hear people's stories of extraordinary spiritual experiences that led to dramatic changes in their "self" and their way of living in the world.

The work of Joseph Campbell, who has been called the "greatest mythologist", became more popularized at about this time as well. Through his wonderful essays and books he brought cross-cultural studies of ritual and myth to a psychological and spiritual depth. Through Campbell, Rebillot and others we begin to understand the healing transformations that occur from the connections to the archetypes and rituals, as they speak to the individual's greater collective unconscious. Rebillot, a dramatist, following his own spiritual crisis, developed The Hero's Journey, a drama composition employing ritual to therapeutically help people through their own spiritual crisis. As Rebillot writes, "The Hero's Journey is developed around the theme of the hero and his counterpart, the demon or resistance. It consists of a series of calibrated challenges - risks that, if taken, release creative expression and so develop a broader base for fuller self-realization." (Rebillot, in Grof and Grof 1989, p.217). This ritualized drama can be acted out over varied lengths of time, such as a weekend, a week or a month. The original purpose of the drama was to help mental health professionals achieve a different perspective of psychotic patients.

The western world, including clinicians, has become more open to spiritual emergencies. As more documentation

and sharing of information occurs, the world of psychiatry is beginning, very slowly, to explore spiritual emergencies. Although much has been written differentiating spiritual crisis from psychotic crisis, it is not the purpose of this paper to investigate or present this. Rather it would be important for us to gather, from all the recent documentation, what the triggers of a spiritual emergency are, and understand the outcomes of such emergencies.

Triggers of Spiritual Emergencies

Sometimes there is a clear identification of some occurrence in the individual's life which has precipitated the crisis. Examples would be: A physical illness, a serious accident, extreme trauma, prolonged lack of sleep, childbirth or miscarriage or abortion, the loss of a loved one, a series of crucial failures, a recollection of a forgotten, traumatizing event.

At other times the precipitant may be the result of devotional practices, such as prayer, meditation, or other spiritual practices. In these situations, the individual is making a conscious commitment to enhance their spirituality for a fuller self development.

In all these situations the individual is not expecting or preparing for a spiritual emergency, and so a crisis ensues. The individual is aware that something very dramatic and different is happening. There is an awareness that this is a challenge that is greater than the usual day-to-day stress and problems encountered. Assagioli uses the term "awakening" in describing the dramatic awareness of this inner experience. He states, "I have used the symbolic expression 'awakening' because it clearly suggests the becoming aware of a new area of experience, the opening of the hitherto closed eyes to an inner reality previously unknown." (Assagioli 1965, p.40). He goes on to explain that the individual usually lives in the reality of the material world. The crisis opens up other dimensions of the inner world which the individual is rarely conscious of.

A spiritual emergency, enables the individual to "...transcend the ordinary boundaries of personality and includes many experiences that have been called spiritual, mystical, religious, occult, magical, or paranormal." (Groff and Groff, p.11).

These experiences can take many forms. For the relevance of this paper we will consider two as listed by Grof: episodes of unitive consciousness (peak

experiences), and psychological renewal through return to the center. "Episodes of Unitive Consciousness ("Peak Experiences").

"In the states that belong to this group, one experiences dissolution of personal boundaries and has a sense of becoming one with other people, with nature, or with the entire universe." (Grof and Grof, p.16).

The experience here is a transcendence of space and time and a "merging with creative cosmic energy, or God." (Grof and Grof, p.16).

"Psychological Renewal Through Return to the Center

...The psyche of people in this kind of crisis appears to be a colossal battlefield where a cosmic combat is being played out between the forces of Good and Evil, or Light and Darkness. They are preoccupied with the theme of death - ritual killing, sacrifice, martyrdom, and afterlife. As the intensity of the process subsides, the person realizes that the entire drama was a psychological transformation ...the renewal process moves one in the direction of...a fuller expression of one's deeper potential." (Grof and Grof, pp.16,17).

Outcomes of Spiritual Emergencies

As reported in the many NDEs and also from our earlier look at the themes in bereavement, the individual is aware of a deep shift in the relation of the self to

the self and to the world. The shift is from a reality of separateness to a deeper unitive reality with other individuals, the world, and God; ... "the shift from our narrow view of reality into a relative reality." (Grof and Grof, p.175).

Most people who have had a transformative experience are aware of deep inner changes, and live them in their everyday life. As the experiencer is more in touch with their intuitive, inner wisdom, they move more from their heart and are guided more by compassion.

Assagioli cautions that these experiences are not always clear or defineable. "Most spiritual experiences contain a combination in various proportions of permanent changes, temporary changes, the recognition of obstacles that need to be overcome, and the lived realization of what it is like to exist at this higher level of integration. It is this awareness that then becomes an ideal model, a luminous beacon toward which one can navigate and which one can eventually achieve by his own means." (Assagioli 1965, p.39).

The individual who has experienced this evolutionary crisis or spiritual emergency, emerges spiritual, with a greater compassion and appreciation for life, a greater

sense of connectedness, a deeper sense of their own inner reality.

As in the experience of loss, and some kinds of spiritual emergencies, we see the individual undergo major inner and outer changes. Our awareness of and attention to the spiritual aspect of life development has allowed us, as clinicians, to listen differently to people's stories, to understand more fully what is happening, and to provide a more positive and supportive holding place for these experiences.

This concludes the review of the literature. We move on to the plan of study which will explore psychotherapists' phenomenological experiences of the spiritual dimension of loss.

CHAPTER 3

METHODS & PROCEDURES

Design of Study

The study set out to explore the spiritual aspect of loss as described and interpreted by psychotherapists practicing in outpatient mental health clinics.

The first part of the research consisted of an overview of the history of psychotherapy and spirituality and an overview of the research literature on: recent studies of bereavement, self renewal theories, adult development, creativity, and spiritual emergencies. The phenomenological inquiries in bereavement and self renewal experiences revealed the presence of a spiritual dimension as subjectively experienced and reported by many, many subjects. This finding is consistent with current models of adult development and our current

understanding of the creative process; both of which also show evidence of a transcendent component in life development. Historically, psychotherapy has excluded spirituality from its practice and its graduate training programs as well. There was no clinical literature available on how clinicians were attending to this dimension in the therapy.

This led to the need to explore with therapists their description and interpretation of that phenomenon. A qualitative, descriptive study was chosen to provide a phenomenological exploration with therapists, so as to allow themes or patterns to emerge.

In-depth interviewing provided the vehicle for traveling with therapists as they reflected on their own clinical experiences about loss and about spirituality. Bogdan, Rossman and Putnam state "... (in depth) qualitative interviewing is flexible and dynamic," that it seeks to understand the "informants'" perspectives... as expressed in their own words." (Bogdan & Taylor 1984, p.77). It allows the participants' perspectives to "... unfold as the participant views it, not as the researcher views it." (Marshall and Rossman 1989, p.82); "... in-depth interviewing is directed toward

learning about events and activities that can not be observed directly." (Bogdan & Taylor, p.78).

The method provided the opportunity for therapists to share feelings, thoughts, opinions and memories, using their own references and insights.

Interview Guide

"The purpose of interviewing, then, is to allow us to enter into the other person's perspective. Qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit!" (Patton 1990, p.278).

A semi-structured interview format was used to guide therapists deeper into their own thoughts and experiences. (See Appendix A). Terms such as spirituality, loss, psychotherapy, etc., were not defined in any way or according to any theory or model. This was intentional, as the importance of allowing the therapist's own personal perspective to unfold was essential to the study.

The interviews were about an hour in length. Some time was spent introducing the study to the interviewees - although they had a written introduction in the letter sent to their clinic.

All of the questions were included in all the interviews. Some of the interviews had additional questions as needed to clarify the guide questions.

Participants in the Study

Eight participants, from four different clinics, were chosen for the study. A letter was sent to each clinic director explaining the study and criteria for interviewees. (See Appendix B). The therapists meeting the criteria would:

1. Have at least a master's degree in a traditional educational background, such as social work, psychology, psychiatry, and nursing;

2. Have practiced at least two years post masters in a traditional clinical setting;

3. Have not had post-graduate training in a psychospiritual model (e.g., psychosynthesis).

However, they could have attended seminars or read books on this topic.

A sign up list was posted and a follow up telephone call to each volunteer included answering questions and scheduling a time to meet.

The clinics chosen were familiar area outpatient mental health clinics. They typically have therapists who are masters prepared. The population they serve includes children and adults, and services provided include individual, family and group psychotherapy, medication consultations and treatment, psychometric testing, and specialty programs such as an Hispanic team or a geriatric team. All the clinics operated similarly. The populations they served varied slightly and this was dependent on their location, specialty and size. Three clinics were located in Western Massachusetts and one clinic in Connecticut. Each of the clinic directors was eager to participate in the interview and all asked to have some follow up sharing when the study was completed.

Pilot Study

The pilot study consisted of interviewing one participant who met the criteria. In the pilot study, emphasis was placed on following the basic interview, exploring the best ways to ease into the questions,

reshaping questions and adding other questions which would more efficiently elicit the information desired.

The recording was studied to ascertain if the guide was indeed tapping into the phenomenon under research and if it created enough data for the study.

Procedure

When the therapists placed their names on the sign up list, I contacted them by telephone to arrange an appointment at their convenience at the clinic site.

Usually the meeting took place in their office or, as is the case with one clinic, in a spare office.

The first phase of the meeting was the joining; appreciation for their time, an introduction to the study, an orientation of what to expect in the next hour, encouragement to deviate in any way or to communicate if they were feeling uncomfortable. There was an invitation to move from the professional to the personal in any way they were at ease with. They were familiarized with the recorder and were co-controllers of it as well. They were told about the demographic questions before recording to check out any problem there. They were then asked to sign

a consent form, and were assured of anonymity. (See Appendix C). When this was completed we began the taping.

At the completion of the interview participants were thanked and asked if they had any additional questions or recommendations. The comments made at this point were consistent with the interview and nothing new was added.

Analysis

Formulating Themes

Throughout the interviewing I recorded notes as recurrent statements would be made. When all the interviews were completed and transcribed I read through all of them, adding to my notes. What emerged were three major sets:

Psychotherapy and Loss

Loss and Spirituality

Spirituality and Psychotherapy

The sequence of the questions, as well as the reflective journey of the therapist, created these major typologies.

With these sets in mind, the transcripts were reviewed again and again. As themes or "meaning units" emerged they were put on cards and coded as to source.

When all the data was coded, the cards were sorted into sets of themes. Each set and its collection of themes was reviewed again. Only the themes which were common to all eight participants were retained. The themes therefore would contain the collective thoughts of the participants around a core constuct. The sets of themes provided an organizational structure for the analysis and the presentation of the findings.

Analysis of Themes

Writing a Description

A chart was created with the three sets and the final themes chosen. The themes were sequenced in such a way as to keep the flow of thought consistent with the sets and consistent with the unfolding of information by the interviewees. Each theme was narrated to include the range of meaning connected to that theme as well as direct quotes that were concise information units. The organization of the themes was meant to reflect the rhythm of the story from the familiar to the less familiar and then to some vision of how the future might look. In this way the complexity of the phenomenon could be fully explored and provide a basis for future studies.

Construction of Profiles

Profiles are presented to provide pictures of the kinds of people who participated in the study and how their stories of their work and their personal experiences unfolded.

Four of the eight interviews chosen are representative of the range and variety of the perspectives.

The transcriptions were re-read once again and notes were made in the margins. These notes were summarized, using direct quotations whenever possible, and collated into two categories:

1. The Therapist's Description of Loss, and
2. The Therapist and Spirituality

Limitations of the Study

This study was initiated and designed to be a preliminary, ground-breaking exploration. It is meant as a beginning study to provide some focus and raise some questions and hopefully lead to other studies. It is limited due to the following:

1. The small number of participants will not provide a large enough sample to be representative of all traditionally trained therapists. Generalization, then, is not possible. Rather this study has generated research questions for future investigation.

2. The participant self-selection process used in this study has relevance to the responses given by the therapists who volunteered. This study does not provide an opportunity to evaluate that relevance.

3. There was no opportunity to connect the subject's personal history, such as age, gender, family/ethnic culture, or life experiences, to the findings.

CHAPTER 4

PROFILES OF PARTICIPANTS

The following four profiles were constructed in order to enable the reader to know some of the participants in a way which the themes do not allow. As this perspective provides a more personal view I have also included my reflections of the interview and interviewee as an introduction to each profile. The profiles are organized with demographics presented first, followed by my reflections, and then a cohesive summary of the interview collated into categories: The Therapist's Description of Loss, and The Therapist and Spirituality.

The profiles are not meant to be the primary source for the data in Chapter 5, the interview transcripts are the full source for that data.

Clinic/Participant No.: A-1
Age: 44 Gender: Male
Degree: M.S.W. and M.Ed.
Years of practice: 9
Clinical style/mode: Object relations theory,
egopsychology
Religious/spiritual affiliation: Practicing
Catholic

Reflections

We sat down at a long table in the "conference room." It was a very warm day and we both felt uncomfortably hot, as we had been traveling. Unfortunately there was no air conditioning in the room. If the door were left open it was fairly cool. However, we decided to close the door for privacy, and take our chances. We began, and throughout the interview the topic of temperature never came up again. Thought flowed into thought - feeling into feeling. I felt immersed in this person's journey. He opened his heart and led the way to his reflections.

The Therapist's Description of Loss

"It's the beginning of a journey and we don't know at the time when it was happening, at the beginning, where it was going to take us."

The kinds of losses named were many with most awareness given to issues of immigration. "The loss of the physical environment that they grew up in." He sees that major loss as contributing to the difficulty many immigrants have in dealing with various other losses they encounter in their life - divorce, death of a loved one, poverty, deprivation, diminished social status, loss of safety.

The combination of deprivations experienced sets into motion a syndrome described quite well by this therapist. Due to a heightened insecurity and lack of a sense of self, the person manifests the emotionality through somatic complaints. This is the safest expression - this is the way they can initiate help. However, what is underlying the reaction is the inability to get in touch with their own resources. The loss is so global, so pervasive and there is no sense that they can move through this emotionally. "And so they need to create some emotional boundaries into 'this is me' and 'that's not me' and they begin to play with that in a way that they begin to feel like they're getting a handle on things." And so although the circumstances don't change the "quality of how they see things changes. A better understanding of themselves." And for some this is the healing; for others it becomes a point at which they can move deeper to "...issues of conscience, issues of politics. Issues of God...."

What is so complicating for the immigrant who is living with layers of loss is the inability to "retrieve" childhood resources because they feel cut off from all they knew as themselves. It is in those connections with self, with others, with culture, with spirituality that

we have the resources to deal with loss and to survive and adapt to what presents for us in our lives.

Our experience as humans brings us into many "letting go's"; maturational or situational. But there is in those connections a way to "be" that never dies. This is the part - the "touch" which is there "always", and can always be retrieved.

Two examples of this experience for this therapist were his love from his parents and the love from a friend who died during the Vietnam war.

"...love. I feel that from my parents. I have that. And also at home with my wife and children. I feel it is something I have available to me without having to go and seek it. It's just something that really is there. That gives me a lot of, I want to say peace of mind, but it's much deeper than that. It's more inside. Just more settled emotionally....when I think of love, I guess that's the point.

And in describing his deceased friend:

"I have felt his presence in my life....Talking about a resource. To me he is real. The memory is real and he's current. He's not something from my past....Those feelings that I have towards him, they were not lost. They were developed and I have them and I feel that I have the capacity to do something with them."

What he describes so beautifully is the capacity that humans have for touching on a very deep (spiritual) level that transcends time and space. It is a connection that is not "tangible" in words or even behaviors. It is more "alluded to" but the awareness of the experience is powerful and becomes a part of our reality. And so in the loss there is the sadness of missing the physical presence. "...but there is a kind of connection there, a bond that is with you, that stays there with you. And I don't think there is ambivalence of sadness and happiness. They're distinct."

This capacity to love in this timeless and spaceless way brings our humanness into another realm....A realm in which we can transcend gender, culture, religion, separation, time and space.

Although all humans have this transcendent capacity we can all be at different points on this "journey". Meeting people where they are at is essential. Understanding how they're coping is the place to start in working through the loss. Addressing the somatic complaints, dealing with defenses, moving to the emotional life....Like concentric rings moving from the outer to the inner till the "core" is touched.

He expressed feeling comfortable with bringing spirituality into his work. Depending on the client, how that happens will vary. "Somehow I feel we touch into spirituality....But never using the word spirituality, but just that other dimension that as humans we have."

He admits that naming it is difficult as we experience this other dimension but don't always describe or verbalize it. And admits he has not explored this academically or clinically and doesn't "read about it anywhere." But is very aware that both he and the client have experienced something "real...powerful...poignant."

"....There is a moment when something is happening. And there is a recognition of, but sometimes it's not alluded to. But it's there, it's something real. It's like the presence of air, that I don't see it but I have a conviction that it is around me because I'm breathing, so...the same thing with these moments."

The Therapist and Spirituality

"I guess you know part of human nature is that spirituality. In a way it's very human because I see it's like a divine value to the human things we do. It gives a higher meaning."

He considers himself a spiritual person. He was raised in Puerto Rico and Catholicism was very much a

part of his life. He entered the seminary during high school years and then dropped out because he had "difficulties with it." "But although I stopped practicing, I felt that still my spirituality, I felt it was there. I didn't have to go to the temple."

In trying to stay open to all that spirituality means, he expressed feeling limitless - "I'm swimming to the shore and I don't see it." However he described poignantly his feelings and thoughts on this human dimension that is not talked about very much. For him, religion - formal religion, is more cultural. But spirituality "transcends all." He spoke about a close friend who is an atheist, "Of course he doesn't talk about God or anything like that, but he'll talk about love and what is important. And he thinks, well when I die that will be the end. But what makes sense in his life? And then he'll frame it in terms of love. But I feel like another person will be talking about God...."

There is a recognition of this dimension in life along with the recognition that as humans we manifest it in different ways. His own experience of moving from formal religion to his own more personal sense of spirituality allows him to understand the various ways we live out this dimension and describe it. It is there in

the therapy as well, in fact whenever people "touch" each other in a certain way "...there is a sense in being with the person...it goes to the core of being a human being and I can't ignore that; also the spiritual dimension that the person has and I have."

In working with his clients he is open to the experience of spirituality but admittedly hasn't explored this further. Although if the client is religious and speaks to that, that becomes a vehicle for some exploration. And of course the religious doctrines might also be limiting. However he does see religion as a support for people and has identified the need for, and referred people to, spiritual direction.

He believes, too, it would be important to have some opportunity for therapists to dialogue about this as it is so vital and seldom explored openly. However the exploration needs to accompany the experience - "...as it's not something to be studied." His own experience in graduate school didn't permit this exploration. However he shared a strong, deep connection to a group of black students, and it was here he experienced this "connectedness" or "bond" or "spirituality". This was more a part of his socialization and not consciously integrated into his development as a therapist. This

integration has become more conscious as he has matured and practiced; and he believes further understanding would be very helpful to him, other therapists and, of course, clients.

Clinic/Participant No.: A-2
Age: 50 Gender: Female
Degree: Ph.D. in Psychology
Years of practice: 23
Clinical style/mode: Combination (hypnosis, behavior management, relaxation, etc.)
Religious/spiritual affiliation: Episcopal

Reflections

We met on a rainy day in my office. We met when the building was almost empty and it was very quiet - almost still - except for the sound of the rain. This seemed to set the mood for the whole interview, giving attention to the background sounds. Somehow in this drama of psychotherapy we have given more attention to the words and not enough attention to the sounds of life. As we moved through the interview I became aware of the words becoming part of the background, and I liked the song.

The Therapist's Description of Loss

"The kinds of losses that come most readily to mind were clients' losses of mothering, along with loss of a relationship with a partner, a job, and loss of children through loss of custody. The loss of mothering or of childhood brings with it loss of a "sense of safety and security".

When the person experiences the loss it sets up a "vulnerability", a lack of confidence in their ability to cope with the challenge and a lack of competence that they will survive the challenge. "...so there is just a compounding then of lack of self, confidence, avoidance and a feeling that the worst may befall them at any moment."

Clinically the approach is to help the client face the loss - face the grief and then to challenge their fears and help them know their strengths and then to integrate this into a broader view of themselves and the world. Intrinsic to connecting with their strengths and to creating a new perspective of life is the spiritual dimension.

For this interviewee the spiritual dimension is the healing. She has no difficulty with including this and believes that personal values and beliefs can be honored. That there are ways of talking about this even if the person is not religious or doesn't consider themselves to be spiritual. "....most clients come with some connection there, and sooner or later, it comes up and I build upon it." The most common expression of that spiritual dimension of loss is to explore how the person continues to connect with the lost person/object. The awareness of

another kind of connectedness is always there, "Even (with) people who aren't churchgoers; somehow it seems to me to be archetypal."

Sometimes a person's theology is a resistance to the grieving process. Questions like, "If it's God's will, how could God let this happen?" This clinician feels comfortable with helping the client create a "new theology." One that includes healing and growth.

This clinician's personal experiences with loss have influenced her clinical approach. She states "....I think that the clinical approach comes out of my personal experience. I think I have grown through the years of being a professional person to a person who happens to be a professional....So having dealt with a number of losses in my own life....has informed my clinical work rather than the other way around." Admittedly, in her earlier professional years, her approach to loss was more "problem solving". Through her own growth she believes she is more able to be open to many more dimensions with her clients.

There is a high comfort level with including the spiritual dimension in therapy and she describes her ease as "intuitive." In her early professional career this was

not the case. She attributes this to her own sense of insecurity as well as feeling inhibited about bringing in religious or spiritual issues in a traditional outpatient clinic setting. The impetus for change for her was her own personal experience with loss and spiritual development. And through her own experience believes, "...It's really my task to increase people's openness to that dimension and to enable them to feel comfortable cooperating with it."

Grief is seen as an opportunity for spiritual development. It's in meeting the loss that enables us to enter into the healing and grow spiritually. Grief then is dealing with the loss as well as meeting a developmental life task.

The Therapist and Spirituality

Religion was part of her life as a child but her involvement was passive. "...the church was really an extension of the family and so it wasn't so much that I had a deep spiritual sense." In her growth, her spiritual awareness has increased and she began participating more regularly in church worship. This has deepened her spiritual sense and has been a "very nurturing experience, both sacramentally as well as a sense of community."

Spirituality is a major part of her life - in fact, forms her perspective of life. But it wasn't until a few years ago that she had integrated this into her clinical work. She attributes this to spiritual direction and attending seminars and feeling more comfortable with her own professional self. But was very clear to emphasize the importance of her own personal healing experience as a major factor leading to change in her clinical work.

It's her belief that psychotherapy must include spirituality and that the clinician has a responsibility to honor where the client is while exploring ways of connecting to this.

In reflecting on her own graduate program there was no opportunity for this. She believes it is essential to include some courses or seminars on this for training therapists. However, she cautions that there continue to be a solid theoretical basis for graduate programs. That clinicians need a "solid" background and then can include spirituality in their work. "My own feeling is that it is very important for people to be grounded in a professional discipline; it is also important if one is dealing with a spiritual dimension to be grounded in some body of beliefs and to not be grabbing at thin air...."

For practicing therapists it would be important to "create a climate in which it can be discussed openly." Seminars, small groups or supervision would give the therapists the opportunity to explore spirituality within the psychotherapeutic context. "...we don't have any models to use....I think in terms of the future of people including spirituality in graduate school and workshops, and so on. It is essential that we have a body of knowledge that goes along with it, to give it some place in the respected fields of psychotherapists."

Clinic/Participant No.: D-2
Age: 34 Gender: Female
Degree: M.D.
Years of practice: 5
Clinical style/mode: Informal, some cognitive,
psychodynamic
Religious/spiritual affiliation: Orthodox Jewish

Reflections

We met in the only available office on a busy day in the clinic. Expressions of her eagerness to do this interview came from the person who introduced us and from herself as well. The moment we started the recorder I became aware of the personal struggle for this physician between her chosen profession and her chosen faith. I sensed something deep within about to emerge from these dualities. Something ready, or about to be delivered. Yes! That was the experience for me. I was with someone, very pregnant, about to give birth.

The Therapist's Description of Loss

For many of the people seen their losses are compounded by cultural estrangement and by the number of losses due to prison, violence, and drugs that are part of their everyday life. All sorts of ways people get "emotionally and physically cut off." There is a feeling of not having control, helplessness and injustice. "...like the system put them (loved ones) there and screwed you because you're poor, or you're black or you're Hispanic." And while these feelings are always present with loss it is more so with people from a different culture. "I can't imagine how awful it must feel that you're alone, that you're not wanted, that the system is against you." When people are dealing with these pre-existing life situations the occurrence of a loss is met with the ongoing struggle to survive in an unfriendly world. "I always think the most awful situation for loss is when the expectations are high and the difference is so great."

The response is often denial and repression. A case offered was that of a 33 year old woman who presented with depression. She began to mention past losses that may be contributing to the depression. A mother who died 10 years ago, a father who died 12 years ago, a

grandmother who died 20 years ago. She spoke about loss after loss. While exploring the woman's childhood and early adult years she revealed she had been married and had four children. Her husband divorced her and took the house and the children about 8 years ago or so.

Surprisingly this information was not offered by the woman when discussing all the losses she had endured in her life. When the interviewee mentioned this to the woman she began to cry and said "I don't like to talk about that."

Contributing to the denial and repression is how to deal with the grief when your social network is bombarded with loss each day. There is no spare energy for hearing someone's grief. ".....a person almost really has to take the loss and just move on. It's almost part of life. I don't think you get a whole lot of sympathy from family and friends who are also suffering losses."

So the loss gets buried amidst feelings of helplessness and hopelessness and the layers of grief get heavier and heavier.

The interviewee spoke of creating a safe environment for the client and of encouraging the client to explore the losses and not be diverted to another issue that is

thought to be the major issue. "...that, okay, this thing that you don't want to talk about, that obviously must be tremendously traumatic...that you can do it here, that it's safe to do it here and I will try and help you get through it."

Rituals are important in the healing. Revisiting the grave or having some kind of goodbye ceremony would give the person the opportunity to experience the feelings they were cut off from. The interviewee would suggest going back to the grave if possible or, when it's not possible or the loss doesn't involve a physical death, creating some way of saying goodbye. This is often where the therapy begins - naming or recognizing the loss and acknowledging the challenge that person must face. If religion is important to that person, this too is included in the holding of all those feelings. Referrals to the person's church or religious network and again to the religious rituals that are a part of saying goodbye.

The inclusion of religion in the therapy has been a real struggle for this clinician. She referred very strongly to the schism between psychiatry and religion. The effort to keep those areas separate has inhibited openly discussing or exploring where the two meet. And says "Most psychiatrists are put down as heathens." But

admittedly there are many psychiatrists who are not anti-religion but are inhibited by the same theoretical legacy of separation.

As a religious person herself she can't imagine dealing with loss without the spiritual dimension. How she includes it is dependent on her sense of how open the client is to exploring this and within their particular value or belief system. Most of the people seen are not Jewish; and this is not a problem. Clients can know that you have a different opinion and still feel supported and open to exploring and sharing. According to this clinician neutrality is impossible. "...you should change the term neutral to non-judgemental. I think it's much easier for clients to deal with the idea that you may have an opinion; hopefully you'll say it in a way that's not imposing it or being judgemental." Without moving into that spiritual realm the process of healing isn't complete. As loss challenges beliefs about the world and human nature it goes beyond the psychological.

The Therapist and Spirituality

"That I know I get a really deep, inner satisfaction...that I feel some sort of connection with God by doing the things I do..."

Raised as a reformed Jew, this clinician went through a powerful spiritual experience in her early twenties. She attended some classes at a Jewish institute for women, and it was there that some deep experiences occurred. She was very aware of this spiritual transformation, "....I remember feeling almost very upset because I knew my life had changed. It's like someone had showed you something and it was the truth, and you knew it was the truth; a part of me might say I wish I'd never seen it." This conversion led to a full commitment to Jewish orthodoxy, including all the laws. She is still not sure how this happened as she hadn't ever thought of herself as religious or spiritual - more "analytical."

Currently she obeys all the Jewish laws and keeps a Kosher house. Often she is asked how a psychiatrist can be religious; believing in creation rather than evolution. She raises the concern that our society values science more than spirituality and is more invested in "scientifism" than spiritualism.

Religion or spirituality "gives a certain wholeness to life." It's what makes us human - gives meaning to our existence. Her religion is the vehicle for her spirituality and it provides "...a certain connection....I feel very spiritual in that sense. Very

connected....Spirituality, is like love feels like."

Recalling an early spiritual experience she describes participating at a Sabbath dinner and being very aware of this intense feeling. "...my heart just felt so big that my body couldn't even contain it."

Her medical education didn't provide a formal opportunity for exploring the spiritual dimension. She was able to create a program with other Jewish doctors to provide outreach services to the elderly living in "old, old Jewish neighborhoods." And also would do rounds in the hospital with people who were dealing with death. It was a special learning component of her student years. This was a rich experience for her and an opportunity to be Jewish and a doctor.

She questions if courses in medical school on spirituality or religion would be taken seriously. Offering that there is so much to learn that these courses would be considered less legitimate, and be taken perhaps to avoid other classes.

However, she does agree that seminars for practicing therapists, physicians and other helping professionals would be very important. This would also address her own need as a psychiatrist. As religion and spirituality has

played such an important part in her own life the inclusion of this dimension in therapy is greatly needed. Hopefully, the seminars would provide clinicians with an opportunity to first address the inhibitions and then to explore verbally the realm of spirituality within the psychotherapeutic context.

Clinic/Participant No.: D-3

Age: 39 Gender: Male
Degree: Ph.D. in Clinical Psychology
Years of practice: 13
Clinical style/mode: Eclectic, or existential transpersonal (What is the meaning of people's existence, what is their experience of their existence and how do they see themselves and their feelings about themselves, and a transpersonal model looks at how people fit in with something larger than themselves.)
Religious/spiritual affiliation: Conservative, practicing Jew

Reflections

We met in a spare office I had been given on the day scheduled for the interviews. As this was not my first interview I felt well prepared, relaxed; maybe even laid back? He asked if he could eat his lunch as we spoke. I certainly had no objection to that, but made a mental note we would probably go longer and pause more often. Nothing could have been less true. The pace was incredible. My image was of a lid being lifted, and lots of feelings, thoughts, memories and beliefs came pouring out. My sense was there had been genuine contemplation of this topic and an eagerness to have it explored more often and more openly, as it is extremely important for the profession and the people we serve.

The Therapist's Description of Loss

"Our culture sees death as the enemy. Death is not a part of life....It's the antithesis of life...".

This interviewee sees death and loss as a very powerful experience in life and very problematic in this culture.

In the experience of loss one comes in touch with death, one's own mortality, the meaning of life and a connection beyond. He sees death as a rite of passage, and it "...evokes many primitive feelings and sensations and that these often come out of a religious and spiritual context." And so what death and loss precipitate are intense existential issues that challenge people's "...views and their values in ways that other experiences generally don't do."

Because the breadth and depth of this powerful experience isn't fully supported by our culture, people repress much of what they feel. This repression is the basis of much of the "...pathology we see as clinicians." He states "...many of the clinical syndromes that we identify as having early historical bases are really caused by people's anxiety about dealing with death. That

it's a repressed subject so it's something that is expressed pathologically. Fears around death are expressed pathologically."

Because death and loss bring the person in touch with profound and intense issues, the work of the clinician is layered. That is, dealing with the immediate feelings of sadness and grief that is part of missing what is lost - the pain of saying goodbye. And then dealing with the less immediate and often less expressed feelings which speak to the meaning of the loss for that individual. This is perhaps less tangible. Certainly less articulated, and most often not received well in this culture. This is the part that asks the questions that bring the person into a "larger framework." "What is the meaning of this loss in my life and in my spiritual belief system." People "...don't give themselves the space to give voice to other feelings....".

So then, working with someone often involves having them re-experience, or experience fully, what the feelings were for them when the loss or awareness of the loss occurred. "Very often people really didn't go to the funeral...". In processing the feeling more fully, the therapist can then move into a larger context;..."What did this mean?" And it is here, in this larger context,

that the existential guides the process into the spiritual realm. "How did this affect your life? How did this change your view of the world?"

The spiritual dimension of loss is an essential part of the loss experience, and will affect greatly how one moves through the process. In general, we are not tuning into people's spirituality, or their culture or subculture, and these are powerful "mediators" for this process. This interviewee is very sensitive to how people express their spirituality, and is ever conscious of their values. He doesn't believe he is in danger of imposing his values, as spirituality is part of our humanness; and as clinicians we can access it in others without imposing our own beliefs.

He also believes that if someone doesn't fully process the loss experience that this will create a "storehouse" of repressed feelings and unresolved issues that will affect the person's sense of self in the world.

The Therapist and Spirituality

"I see the importance of the spiritual dimension in my own life and that really enables me to perceive it as a dimension in other people's lives."

His childhood background was not religious. Both his parents are "atheists," and religion was not part of his early developmental years. During his graduate years he became interested in martial arts. He credits this with his introduction into the "non-material World." This led him into meditation and the study of Buddhism, and this led to his reinvolvement with Judaism. He considers himself to be very religious, "In that sense, my spiritual connection with Judaism is just a deep sense of God as being a present part of my life and the world order, and the universe."

He believes the rituals in religion are very powerful, reinforcing his connection with God and his spiritual values and beliefs. This connection with God, or a force beyond ourselves, is an essential part of our humanness. He sees health as encompassing that spiritual dimension. "Spirituality is a normal, natural part of people's lives and therefore it has to be included in psychotherapy."

His spirituality is an active part of who he is as a person and a therapist. This doesn't present with any personal or clinical conflict for him. As a matter of fact he feels it enhances his work with people. Admittedly, however, he is not as free to openly dialogue

about this as he is concerned about how some colleagues will respond. His style as a therapist is to be open with peers who he can feel safe with and to work with his clients in whatever way they are comfortable; knowing where they are with their spirituality and bringing that dimension into therapy.

He believes courses or seminars in spirituality should be an essential part of graduate training programs as well as ongoing education for practicing psychotherapists.

Clinic/Participant No.: A-3

Age: 40 Gender: Female
Degree: M.Ed.
Years of practice: 21
Clinical style/mode: Cognitive
Religious/spiritual affiliation: Practicing Roman Catholic

Clinic/Participant No.: B-1

Age: 62 Gender: Female
Degree: M.S.W.
Years of practice: 11.5
Clinical style/mode: Object relations, theoretical, psychoanalytic, Samson & Weiss control mastery theory
Religious/spiritual affiliation: Jewish

Clinic/Participant No.: C-1
Age: 38 Gender: Female
Degree: M.Ed. in Family Therapy & Community Mental
Health
Years of practice: 19
Clinical style/mode: Open-ended
Religious/spiritual affiliation: Catholic

Clinic/Participant No.: D-1
Age: 48 Gender: Female
Degree: M.S.W.
Years of practice: 5
Clinical style/mode: Eclectic
Religious/spiritual affiliation: Christian

CHAPTER 5

THEMES

In this chapter are the themes which emerged from the interview transcripts. As the themes are common to all the participants they formed a story which seemed to fit a certain pattern. Out of the pattern arose three sets.

Psychotherapy and Loss

Loss and Spirituality

Spirituality and Psychotherapy

A grouping of themes into the sets provided a natural flow of ideas. The sets and groups of themes are outlined in a chart following this introduction.

The reporting and description of the themes required a distillation of many words and ideas expressed by the therapists. The thematic analysis, then, is the author's summary of those ideas and words along with selected quotes that tell the "story" for that theme.

Chart of Sets and Themes

Psychotherapy and Loss

The Kinds of Losses Named

The Psychodynamics of Loss

The Developmental Significance of Loss

Variations in the Loss Response

The Clinical Approach to Loss

Changes in the Clinical Way of Working With Loss Due to Personal Experience

Loss and Spirituality

Where Does the Challenge of Loss Bring Us?

The Search for Meaning

Healing From the Loss

Faith as a Resource

Variations in Spiritual Manifestations

Ways Therapists Help Clients Access Their Spirituality

Spirituality and Psychotherapy

Confusion About What Spirituality Is Without An Operational Definition

Spirituality as Part of Human Nature

Evidence of Spirituality as a Dynamic in Psychotherapy

Spirituality and Psychotherapy: Lack of Training, General Acceptance, and Practice

Therapists' Fears of Imposing Values

Psychotherapy and Spirituality - Where to Begin the Merger?

Set #1: Psychotherapy and Loss

In this group of themes we will explore loss from a psychotherapeutic perspective. The themes included are:

The Kinds of Losses Named

The Psychodynamics of Loss

The Developmental Significance of Loss

Variations in the Loss Response

The Clinical Approach to Loss

Changes in the Clinical Way of Working With Loss due to Personal Experience

The Kinds of Losses Named

The kinds of losses identified were very similar among all the participants and included those losses due to situational and/or maturational events in life. Each therapist had a particular kind of loss which became the focus for reflection in responding to the questions throughout the interview. The focus was related to the particular population they worked with, e.g., inner city, or their own personal experience of loss at some time in their life.

The following are the losses identified, with some quotes for elaboration:

Loss of a loved one - through death, divorce or geographical separation. An extension of this was dealing with an impending loss; for example, "...a chronic mentally ill person who has been very dependent on her parents all her life....the central experience of loss is that her parents are aging, that her mother has coronary problems, that she's beginning to see, as they enter their seventies, that they will not be there indefinitely."

Loss of a quality of life that is basic to our humanness. Such as loss of safety, security, food, etc. These deprivations may be due to poverty, drugs, violence, childhood trauma, or the loss of a homeland due to emigration. Yet another kind of loss affecting the quality of life is that due to a medical illness, leaving the person physically dependent, emotionally vulnerable and socially isolated. This is especially the case with people who have AIDS, or with the elderly who are experiencing illness, as society not only does not provide the resources for rehabilitation but exudes an attitude which, internalized, triggers yet another loss.

This is a loss at the core of our humanness, the feeling of not belonging, the loss of community.

This loss of community was brought up again and again in discussing the plight of immigrants. "Most of the clients I have worked with are Puerto Rican, so when we start talking about loss we have to go to the issue of emigration...the loss of the physical environment that they grew up in." This "loss of culture" leaves people "...cut off from everything."

Yet another loss is that due to maturation. This is a kind of "growth loss." The experience for people here is "the issue of leaving people behind as they grow, ...as they grow past them."

The participants spoke about this loss in conjunction with termination in therapy. There is a loss in ending therapy, in a sense having outgrown the need, which was the precipitant for beginning therapy.

At times naming the loss is the first challenge. It's in the naming that we begin to fully and consciously face our pain and the meaning of the loss. It's also in the naming of losses that we begin to realize the relevance of this human experience to the very nature of our lives.

The Psychodynamics of Loss

"I never thought my father would die; he had mistakenly told me that he would live forever! So, that, you know, my reality...had to be challenged".

From the very moment of awareness that something is being lost, or is gone, or is missing, the person is faced with a reality that is very unfamiliar and often very painful. For loss speaks to a change in both what one has been connected to as well as to the connector. Not only are we dealing with separating from, but disintegration within. And so the dynamic of loss is a "challenge to our very sense of self."

Since we are dealing with major life change, loss sets up a "vulnerability" in that none of our usual emotional and cognitive resources will work "...the loss experience sets up a sense of vulnerability in a person or a lack of sense of security and confidence in their own coping abilities." Our world is different, we are different. We have "no pointer - no anchor" to guide or direct us or hold us steady. We are brought to the edge of all that has been known, and now must face the unknown. The fear of total disintegration, of "losing all", creates a tension. From this tension or anxiety

arises the resistance, of denial, of repression, or of dissociation, that the individual uses to defend against this painful and frightening situation. "...most people don't really deal with loss...the very intense feelings of sadness and anger that arise in them become repressed." And in speaking of dissociation he notes of people who have participated in the wake or the funeral of a deceased significant other, and yet "...really didn't go to the funeral."

It is in the very experience of these intense feelings where the opportunity for movement through the process lies. As there is resistance to experiencing the feelings there is fear of movement or change, as well. For to create something new would require a "letting-go" of the old or all that is familiar, such as beliefs, assumptions, ideas or a certain place we have held in our world.

At times this "letting-go" is in the form of "surpassing" or going beyond those people and beliefs which have been so comfortable and significant. Feelings around this include "guilt of abandoning" as well as the "fear of inadequacy" in meeting this new place. A clinician speaks of a particular case, "I've been seeing (someone) ... for eleven years, not continuously.

There've been breaks in the treatment. He's now in his mid-thirties...he came with unresolved adolescent issues and now he's dealing much more with adult issues...(That is) he has to leave parental figures behind in some way. And there's a lot of guilt about that, and a lot of loss about that. ...The primary issue (in loss, then, for him) is the feeling of abandoning, letting-go, and some way, hurting."

The experiencer is faced with a crisis, whether it be acute, as in the death of a loved one, or more elongated, as in the process of maturation. In this crisis the sense of losing, or dying, pervades the world of the griever.

The very nature of loss, and its challenges, leaves the individual with feelings of "hopelessness", 'nothing can be the same again', 'my world is destroyed', and of "no control", 'why did this happen to me, why do I have to go through this, why me?'. These are powerful and frightening questions which reflect the impact loss has on the individual's world view and sense of self.

The Developmental Significance of Loss

In this theme the therapists moved to a broader view of what is happening for the individual in loss. All described a developmental issue as the core dynamic. That while the immediate awareness of the experience has to do with the loss of the person or object (idea, belief, etc.), the deeper issue triggered by this powerful experience has to do with the self in relation to the self. "...loss and death brings up a lot of existential questions, which is What is the meaning of life? What is the meaning of my life? ...And so I think that death and loss precipitates ...an existential crisis. (and) ...they have to look at how this experience has changed their life and how it's affected them personally." This participant goes on to say that loss "intensifies and focuses for people their views and their values in ways that other (life) experiences generally don't do."

As loss is always there in our life, we are continually struggling with "how to leave and how to come back."

What loss precipitates for the individual is questions of how do "I" separate, how do "I" connect. It brings the issue of relationship and sense of self to the

surface. This challenge is recurrent in our lives, as loss is ever present in so many ways. "I mean loss, you're always dealing with loss....I mean people come in, usually, in some way dealing with some kind of loss....It's the issue of connecting, of mutuality, and separating, and dealing with that, back and forth."

In the experience of this movement of separating and connecting, the individual must look to changes in the self, and this calls for growth, a new way to be, with themselves and with the world. And so the "quality of how (one) sees things, changes."

Therapists see evidence of this struggle for self growth in various ways. Most especially, when the lost relationship has been the "identity" source for the individual, the separation can leave the griever without an "anchor". They are lost, stranded; in a sense, faceless and lifeless. In an attempt to "feel" life again, they may resort to various behaviors. "(You may) see the violence, taking drugs, alcohol, a lot of promiscuity. Anything that is primary process...in their struggle to just feel like they're alive, for one thing." There is a loss of "emotional boundaries" and no sense of "this is me" and "that's not me."

The loss experience is a powerful trigger for self growth. All the therapists acknowledged a developmental process as part of the experience. Without addressing that developmental issue for the griever, the "personal meaning" of the loss will not be addressed. The individual must create a new way, or fit, in relationship to self, others and the world. This speaks to the person's values, beliefs, and sense of life, from a deep inner perspective.

Variations in the Loss Response

People experience loss differently, and it is therefore not possible to predict, based on the "severity" of the loss, how they will respond to it or move through it. One participant remarks about the lack of relationship between the severity of an illness with children and how the family is coping. "There is no relationship. It's amazing. I have some cases where someone is dying and the families are really put together. And I have some children whose conditions are really not (severe) in comparison, cleft lip or palate, something like that, and the family's crumbling. So obviously, there are other issues there than just...the condition."

There is no way a clinician can begin to understand a loss for an individual without understanding the person's life as a context for that loss. Because the experience is "either culturally mediated in terms of their particular subculture, or their family circumstances...". These influences create a "personal culture" that is very important to how the individual responds to the loss and moves through it.

Loss can be compounded by poverty, language barriers, and having a social network which is continually bombarded with trauma. This picture most especially describes the plight of the immigrant usually living in an urban area. These circumstances intensify the experience, as the person is usually deprived of helping services and social support. "I can't imagine how awful it must feel, that you're alone, that you're not wanted, that the system is against you. ...I don't know if the system is definitely against people but people are definitely in a deficit position in terms of being able to advocate for themselves, help themselves, further themselves. And I always think the most awful situation for loss is when the expectations are high and the difference is so great."

These situations intensify that part of the loss experience, of "helplessness", "injustice", "no control".

Another circumstance which intensifies feelings of helplessness and loss of control is when a person is not able to be there for the death of a significant loved one. This is so complex. How do you begin to sort out feelings of grief? Who are you grieving? Who died? What's been lost? How do you begin to conceptualize feelings in response to the loss when the image of loss is so vague and abstract?

Various circumstances and cultural or familial factors are major forces in people's lives and they personalize that trauma for that individual.

The Clinical Approach to Loss

The therapists emphasized the need to encourage the individual to "really feel the feelings". This may involve first naming the loss and then "re-experiencing" all the feelings more fully. As this is very painful, "most people really don't adequately acknowledge their feelings, or they just really don't give themselves the space to give voice to their feelings. So that you have people who have a very large storehouse of very intense

feelings.... So when they come into therapy...a major goal is to help people go back to the event that led up to the loss and to really feel the feelings."

In addition to the intensity of the feelings is the ambivalence of feelings surrounding the loss. An illustration given was of a client, a 55 year old woman who entered therapy following her mother's death. The therapist recounts, "her mother was this angel, this saint, this really idealized person. ...you could not say anything bad about her mother...but it wasn't until maybe a year later that she was able to start saying some really awful things that she never really looked at or acknowledged.". And that until this client could get in touch with and feel those feelings, "she could not let go of the mourning until she was able to see her ambivalence about the relationship."

Another therapist pointed out that religion can sometimes contribute to the denial of feelings. "I find it more so with Catholicism - that they're always talking about people being in a much better place and meeting their maker, which is all well and good...but not acknowledging the immediate pain of the family."

Still another factor affecting the way people allow expressions of their feelings is related to the attitudes of their culture or social network. If the culture has negative attitudes about emotionality or mental illness then the individual will keep those feelings buried, as acceptance in that culture is so very important, especially during times of trauma. Giving expression to those feelings would be "shameful" as it would indicate a weakness. My sense is that this is more pervasive and more present than we fully recognize and is common to many cultures. Perhaps it speaks to both, our limitations in understanding loss, as well as our collective attitudes about dying and death. It seems to me that both these factors will need to change simultaneously in order for us to grow in our awareness of this powerful life movement. A participant remarks on this, noting, "Our culture sees death as the enemy. It is the antithesis of life. But in actuality death is part of life. Organisms come into being, and they live and they die. That's part of their total life cycle. The problem is, I think, in our culture...death is repressed, as sex was once. My guess is that...many of the clinical syndromes that we identify as having an early historical basis are really caused by people's anxiety about dealing with death. That it's a repressed subject, so it's something that is expressed pathologically." This clinician feels so

strongly about this that he includes questions about people's feelings and attitudes of death in his initial interview.

If the community in which the griever lives is continually dealing with loss and trauma the individual would tend to avoid his/her personal grief. A participant reflecting on this, states, "You just have to go on with your life. There's no support out there." And so, in therapy, the person needs to be encouraged "that, okay, this thing that you don't want to talk about, that obviously must be tremendously traumatic...that you can do it here, that it's safe to do it here and I'll try to help you get through it here."

Helping the individual "get through it" means meeting them at those feelings. Whether they manifest somatic complaints, fear, loneliness, anxiety, depression, apprehension, anger, guilt, shame, despair. It is here, in the full experience of these feelings, that the therapist works to "empower" the client to search for their "inner strength." The therapists described this as a simultaneous process; empowering the client while living the pain.

A therapist summarizes, "So my approach is to really acknowledge what an awful loss the people have suffered and how terrible that is. A lot of time needs to be spent on grieving that loss, and then to gently challenge them to know and experience their own strengths and their own coping abilities, and to move ahead and find that...and to develop a broader, more positive expectation for themselves in the world that, even if it doesn't work out, that they can survive, and the worst thing that could happen is that it doesn't work out, not that they are destroyed as people."

All the participants agreed to the therapeutic need of helping the client connect to their "inner strength" and to work with the client to meet this challenge.

Changes in the Clinical Way of Working With Loss Due to Personal Experience

All the therapists acknowledged that their own personal and past professional life experiences had led to changes in the way they are currently working with loss. Moving from a purely clinical approach to "understanding and opening up to more dimensions" of the experience.

One clinician speaks to the subjective changes in himself in thinking about loss, "...it is not something...as frightening or as ugly as I remember in years ago....I didn't want to lose (emotionally)...and now it's...okay...this is what's happening (and) now how is it that I'm going to cope with it?"

And in working with his clients he senses this experiential change in his response to loss as well, and remarks, "It's very humbling to me, ...a privilege ...an eye opener..., to be able to work with clients who have survived painful losses."

Another clinician notes that she has "grown developmentally, emotionally, spiritually in all sorts of ways..., (and) I have a wiser perspective on life and growth." She explains how this has changed her clinical work. "In the early years of my practice I was much more problem oriented at that point, and focussed on details of do this, do that. And now I have a greater ability to resonate emotionally and to work from that space, not ignoring the details and the problem details, but fleshing them out in a more useful and healing context."

Another therapist similarly reflects, her early clinical focus was "more on separation anxiety" and that

now "my tendency is to respond much more to their strength, to their capacity to do it, rather than to their anxiety." She attributes this to her age and her experiences of "leavings." "I have the perspective both as the one who leaves and the one who is left. So I feel that my age is a real advantage in that I can experience both sides....I think the way it has affected me as a therapist is that I am much more comfortable now with the leavings."

Professionally, the therapists described an awe of what their clients had lived through. They communicated a reverence for human suffering as well as "the human spirit." "You know...sometimes our bodies could be extremely tired, but our spirit you know, is what keeps us going."

The shift or change described in dealing with loss was to a fuller appreciation of this life task. It is part of our humanness, our connectedness, and brings us to the personal and collective spaces of our being. Loss becomes less a condition to overcome and more a representation of our being.

Set #2: Loss and Spirituality

In this group of themes we explore the spiritual aspects of loss as they are evidenced in a psychotherapeutic context. The themes included are:

Where Does the Challenge of Loss Bring us?

The Search for Meaning

Healing From the Loss

Faith as a Resource

Variations in Spiritual Manifestations

Ways Therapists Help Clients Access Their Spirituality

Where Does the Challenge of Loss Bring Us?

When the participants began exploring their own personal meaning of loss, and the deep respect they had for their clients who have survived suffering in the face of painful loss, they also began to acknowledge the powerful challenge of loss for all individuals and where the depth of that challenge brings the individual.

The individual facing loss is challenged beyond the usual. It brings us to a space that is seldom acknowledged or met in our day to day world. It brings us

from the familiar to the unfamiliar. It has been referred to as a journey, a process, a rite of passage.

"When you're dealing with a loss, people often go back to their religious traditions, to ritual. I mean death itself is really spiritualism infused, and it's a very primitive type of thing for all of us, the desire to have a funeral, a ritual which creates a rite of passage. ...death evokes many primitive feelings and sensations ... that ... come out of a religious and spiritual context."

This clinician went on to say that deep spiritual beliefs are inherent in all humans but are very often not talked about because there isn't opportunity in the therapy, or with family or socially. And yet these personal beliefs are very important to how we experience and move through loss.

The deep struggle that accompanies loss breaks down all the usual mental formulae we use, and we are compelled to create a new way of thinking. So we look to our beliefs about who we are as humans, the universe, and life itself, for answers.

The Search for Meaning

At the core of this search profound issues are raised. Questions about "why this person died?" "Who brings about this loss?" Questioning, what is alive for

me - what is dead - what is life - what is death? "Who am I now?" These existential questions are part of the struggle for some meaning. Meaning making is a central part of our humanness.

In the search for meaning the individual seeks answers to questions which are not answerable in the usual ways. These are questions which seek more than information. These questions search for a way to understand life, creation, and the self, in a universal context. And so the questions bring the individual to another realm of experience; the spiritual realm.

Although all the therapists acknowledged this deeper, spiritual dimension, they also expressed difficulty in describing this space as it didn't fit the usual psychological jargon, and as there is much variation in the way people describe it because of its personal meaning.

The recognition of this spiritual dimension through the search for meaning was described by one therapist as, a search for "A deeper understanding. Deeper in a sense that (it's) something you can call upon when you need it...you can go to it...it's always there for you. It's consistent."

Another therapist finds it helpful to ask clients about past crises, and how they have survived, to help them connect with that spiritual dimension. "I will ask...in his moments of sadness, what helps him. ...By the time people have become adults they have gone through difficult times. I will try to bring ways in which they were successful in going through a crisis, so that they can hold on to that....a kind of human potential, to try and survive in some ways." She goes on to say if she had a client who was an atheist she would respect that, but believes he/she too, would be able to tap into that spiritual dimension.

Still another therapist describes the search for meaning at a certain point in the journey. The individual can not begin to search for meaning until he/she has dealt with the more manifest issues. "They have to resolve enough issues to be able to move on into other, more deeper, issues of conscience, issues of politics, issues of God..."

The search for deeper meaning compels the individual to journey deeper within, beyond ego, to the transpersonal realm.

Healing From the Loss

In creating meaning, we create our healing. And healing from loss somehow comes out of a "new connectedness" with ourselves, with what's lost, with life itself. The aspect of healing most easily identified by the therapists was the client's sense of a "new connectedness". As this therapist explains, the griever "might continue to feel a sense of that person with them. I haven't found anybody who doesn't agree with that. Even people who aren't churchgoers; somehow it seems to me to be archetypal, because people seem to think in those terms anyway."

In a slightly different version, this therapist describes how re-connecting with the pain of the past changes as the individual heals. "I think people go through very powerful struggles around what they experience as their pain and suffering. That people have to wrestle with that (and) as they begin to....function better, experience life more fully, they often will reconnect...and can go back to the pain....it's very deep."

Along with the experience of a "new connectedness" remains the experience of the pain and sadness. We are

describing powerful simultaneous experiences. This new way of connecting does not eliminate or dissolve the pain of the loss experience. A therapist recounts a personal experience that describes this phenomenon.

"My closest friend was killed in Vietnam, and it was 23 years ago, and to me it was yesterday. I have felt his presence in my life. He is real to me, and although I realize that he has been dead for all these years, you know there was something that I was able to - talking about a resource, I think of our friendship, I think of what we went through together, I think of his being killed, and I was so privileged to have had that experience, to be with him. And then, losing him, but somehow parts of him remain alive. I'm really sad that he is dead (but) what comes through me is more like a smile for having known him....To me he is real. The memory is real and he's current....There is a sadness with the loss, but there's a kind of a connection there, a bond that is with you."

In reflecting he adds, "And I don't think there is ambivalence of sadness and happiness. They're very distinct, very clear!".

The healing from loss is our ability to transcend space and time and death. We are able to go beyond the usual connections or meanings of life to a place of deeper, lasting connectedness. The spiritual dimension of loss is our healing, and speaks to our potential to experience the transpersonal.

Faith as a Resource

The word faith, like spirituality, is difficult to define. Surprisingly it came up very frequently in the interviews. Faith seemed to embody the hope that somehow, no matter how painful the loss, the person would get through. This served as a way for people to survive the struggle and stay open to a new connectedness, new meaning, and healing.

Faith, as a belief there is something greater than ourself and something greater than our pain, has different connotations.

For some of the participants the reference to faith was as a noun, that is, a particular religious belief. When it was used in this way the importance was as a social and emotional resource. This resource is very important to the griever and affects how they move through the process. "...those (people) that seem to do better really use the church...that it's a supportive place."

For other people faith is a dimension they can call upon when they are desperate. "...like, the last straw to

hold on." This aspect of faith translates into the hope that one will survive, get through the terrible suffering.

For most of the therapists faith was viewed as a vehicle for connecting with an "inner strength". One participant remarks "I think what's been the most poignant is how people have changed their lives when they've had faith....they can use that inner strength that they have because of their faith." She goes on to speak more personally, "I just know I have a lot of faith. And whatever it is, I can't even put a name to it, whether it be God, or a Higher Being, a Higher Power. That's the part that I just can't define....but whatever that power is, I think, is what has enabled me to work with people and their losses, and dealing with losses in my own life."

There are numerous ways that people have faith. Its association to the spiritual dimension of loss, and more specifically to the inner awareness that we are more than our individuality, more than our pain, is a vehicle for accessing the transpersonal self.

Variations in Spiritual Manifestations

People manifest their spirituality in different ways. Some connect it with God and or through a religious belief, some connect it with a higher power or a greater power; some connect it to a sense of an inner strength or higher self, some connect it to creativity, some connect it to something greater than themselves, through relationships and love with family or community.

The therapists were very conscious of these variations and sensitive to the importance of remaining open to the many ways their clients could possibly manifest spirituality. Even for people who are declared atheists there is a way they describe their world view which includes their own personal spirituality. A participant remarks, "I have noticed, I have talked with a close friend who is an atheist. Of course he doesn't talk about God or anything like that, but he'll talk about love and what is important, and he thinks, well when I die that will be the end. But what makes sense in his life? And then he'll frame it in terms of love. But I feel like another person will be talking about God..."

The same participant goes on to point out how different religions have the potential for separating out

our spirituality. "...my closest friend in the area is Jewish, and is a very practicing Jew and I feel really connected to him, but very strongly. And when we're talking about the idea of God, what it is, and that transcends. Being Christian, being Jewish is almost secondary. To get to the core....we have to leave that superficial aspect of the formal religion and then get into the person."

The following are other factors identified as contributing to manifest variations:

- gender,
- culture,
- subculture,
- religion.

It's difficult then to tap into or dialogue about a client's spirituality with awareness of these variations. If the individual connects their spirituality with an organized religion then it is more easily identified.

The therapists identified the need to become more practiced at attending to clients' spirituality. Two suggestions were offered:

To introduce this inquiry during the initial joining, as there would be an openness to terms and personal meanings, and, to gain a better understanding of spirituality as it relates to a human dimension.

Ways Therapists Help Clients Access Their Spirituality

The participants recounted ways in which they have helped their clients to tap into their spirituality. The following were offered with a brief explanation.

Metaphors - creating stories to help people transcend trauma.

Hypnosis - to help people uncover and express repressed feelings.

Referral to priest/rabbi/minister - to address existential questions that are connected to religious doctrines, to provide spiritual support.

Rituals - to help the individual connect to the experience in a deeper, more profound way.

Prayer - to help the individual connect with a higher meaning, to provide a larger context for the suffering.

Writing letters - to help individuals get unstuck, to provide some movement when feelings are trapped by unresolved issues.

Verbal exploration about beliefs - to engage individuals in the existential questions which can lead to the personal meaning of loss and personal healing.

The participants were clear about their caution in introducing these interventions. All emphasized the importance of honoring the clients "place", while helping to support them in their journey.

Set #3: Spirituality and Psychotherapy

In this group of themes we explore the connection of psychotherapy and spirituality. The themes included are:

Confusion About What Spirituality Is Without An Operational Definition

Spirituality as Part of Human Nature

Evidence of Spirituality as a Dynamic in Psychotherapy

Spirituality and Psychotherapy: Lack of Training, General Acceptance, and Practice

Therapists' Fears of Imposing Values

Psychotherapy and Spirituality - Where to Begin the Merger?

Confusion About What Spirituality Is Without An Operational Definition

A major issue for all the participants was a way to define spirituality without using religious doctrine. As the interview guide did not offer any definition, participants were wide open to connect it with any experience they believed would be part of that dimension. While this was helpful in collecting thoughts and remaining limitless to the possible associations, participants also expressed concern with not having an "operational definition".

This concern was articulated most often when the participant was asked if he/she considered themselves spiritual. Some illustrations follow:

"Oh, God! I think so. You see I don't even know how to define it. ...you see you're not giving any limits for this question...that I feel, Oh, my God. I'm swimming to the shore and I don't see it. Yeah, I think that spirituality has always been important to me."

And again, in response to the interview question, "I don't know how to answer that, but I think I am, since I really don't know what the working definition is. I will say yes, I do consider myself (spiritual). ...I think I have strong beliefs in systems other than we have on

earth. And I believe there is a higher being of some kind, whether it's in the Roman Catholic Church, or somewhere else. But I believe that there is something else that's going on."

The lack of definition was also a problem identified by the therapists when broaching the subject with clients. Again all acknowledged the benefit of having a perspective of this dimension that would be inclusive of all denominations and experiences. The consensus was an ease in dialoguing about spirituality if the client acknowledged their own spirituality. However even when the therapist was aware of a reference to the spiritual they would probably not verbalize it, but wait for the client to articulate it in some way. While this was in an effort to stay open to where the client was at, it was also due to a lack of an operational definition of spirituality which could permit more communication in the therapy.

Spirituality as Part of Human Nature

In spite of the struggle in talking about spirituality without an operational definition, therapists described an experience or space or sense of some human dimension which did not fit into the usual

categories of our experiences. Something beyond the usual reference was happening. In our exploration of this experience all the therapists could identify this dimension in their own lives and in the therapeutic relationship, and acknowledged the importance of this dimension as part of human nature.

In discussing the importance of spirituality in people's lives one participant reflected: "Is spirituality important in life? And I think the answer is yes...spirituality is a normal, natural part of people's lives....I see the value, the importance of the spiritual dimension in my own life, and that really enables me to perceive it as a dimension in other people's lives". He goes on to elaborate how this dimension is important to humanity. "If you're a healthy person I think it's part of your life. And it has a place in one form or another. And this goes back to my sense of the transpersonal. Which is really a spiritual dimension, in that, if you're connected with the spiritual dimension of life that goes beyond you as a person, the I is not as important as the us....And that awareness changes the way you relate to your clients....and changes your appreciation for their connection with other people."

This is a powerful statement, and articulates so well the importance of awareness of spirituality, for the individual and for humanity. It raises the human experience to a sacred level, acknowledging the life force which we all share.

Some other quotes acknowledging this human dimension:

- "People want to believe that they have something other than just their bodies.";

- "Spirituality is a divine value to the human things we do; it gives higher meaning - it transcends gender, culture. But we don't read about it - it's not actively pursued in different ways, nor are there attempts to incorporate it (in therapy).";

- "The spiritual dimension - the archetypal is always there.";

- "Something that transcends (the usual)....It comes with humanity - more to do with the human touch.";

- "Spirituality gives a certain wholeness to a person's life....just acknowledging that there's maybe something bigger than me is actually a very reassuring feeling to most people.".

Evidence of Spirituality as a Dynamic in Psychotherapy

As we continued to explore spirituality so we could know it in as many ways as possible, we moved into the therapy room. And lo and behold, we found it there as well. When the therapists began recounting spiritual experiences in therapy it felt as though we were lifting up a heavy veil that had been covering a place with a lot of light.

One participant begins to put some thoughts together. "...even in therapy with clients, somehow, something happens, and it may be nothing you do, and events turn out a certain way, and it's just like some belief system...And it's kind of hard to understand what that's all about....Some kind of inner power, or inner energy of some kind that gets erupted."

And another participant, also struggling with how to describe spirituality in therapy, states, "It's often on a fairly unconscious level. I think there are times when you, as a therapist, do connect with people in kinds of powerful ways. Where some very deep, authentic feelings on their part come together. These are moments of deep understanding....and that's, in itself, a spiritual dimension."

Some other comments:

- "(Spirituality) is present in clinical work in the sense that I have a sense of wonderment at the striving of the human spirit...";

- "(There's an) awareness in therapy that something is happening, some change, shift, inner energy that goes beyond the therapy.";

- "There is a recognition something is happening (in the therapy) - (it's) not spoken or verbalized. It is poignant, powerful. Recognition of, but not alluded to - but it's there - it's real. It transcends the therapy session.";

- "In therapy, spirituality is where the healing is. Most clients come with some connection to it, and I build upon it.";

- Speaking about the therapist and client, "...That you are two people, because you bring your own life experiences and your own pains and your own experiences of having coped with them, and you're still coping with them. It's not as if it's over for you. And it isn't always that you are the healer and they are the ones in pain, because there are ways in which they may have worked out things that you have not, and you learn from them and they heal you. It is a mutual process. And so,

maybe, in that mutuality there is something that goes beyond.... I think when you get to these kinds of understanding in the ways that you do in a therapeutic relationship...in some way...that may get close to the spiritual.";

- "What happens in therapy is sacred, special, can't be put into words. Beyond psychodynamics.";

- "Spirituality in psychotherapy is helping people tap into that inner strength...their creativity.".

Here, as in the other themes (e.g., healing from loss), that aspect of spirituality, of connectedness, deep connectedness, is repeatedly described. There are ways and moments when humans connect that transcend biological separateness, time and space and other facets of the material world which speak to our separateness. There are ways of connecting with another that takes us to the core of who we are as humans.

Spirituality and Psychotherapy: Lack of Training, General Acceptance, and Practice

All the therapists acknowledged the lack of formal inclusion of spirituality in their graduate program.

The effort for psychotherapy to be scientific has historically kept spirituality out of the curricula for graduate programs.

A participant remarks about her own experience in graduate school, "It was not part of the curriculum (but) I remember going to lunches, people came who were not professors and talked about that...(and) I wished there were more....more formal training in that sense."

Another participant remarks, "I went to _____ and that certainly is in no way a school that identifies itself with spirituality. So it was never talked about and, even in the broadest sense, I don't think that that was at all in any way an aspect of the training."

Some of the therapists recounted creating their own opportunities for exploring spirituality in graduate school. They did this in a variety of ways, such as: an independent study, an independent project, or gravitating to other students who were open to the experience. These experiences, although meaningful, were not considered part of the core learning curriculum. And these experiences remained "outside" of the formal graduate program.

Still another participant remarks, "Psychiatry has done a disservice by essentially cutting off this major aspect of life." She goes on to add that in part this is due to society's investment in science and placing a higher value on science than religion. It would follow then that psychology or psychiatry would align itself with the scientific mode of knowing. Unfortunately this would exclude other ways of knowing about human experiences. Ways of knowing, that these clinicians have recounted, which do not fit in the traditional sense, as we know psychotherapy.

Because these experiences aren't generally accepted by the profession a tension is created. The therapists described a fear, concern, or inhibition to share thoughts about spirituality and psychotherapy because it's "untraditional", "unaccepted", "unclinical", "unscientific".

One participant was very clear in how she avoids the problem. "Well, I don't think it's been a problem for me because I've never talked about it with anyone. Well, there's a part of me that I'm going to have to admit that I have done it deliberately. Not talked about it (spirituality and psychotherapy). I don't need to get into that kind of conflictual situation with a colleague."

And another participant, who emphasizes the question of risk when talking openly about spiritual experiences with clients. "I have to be careful with clients because it's a small community I practice in, and believe it or not your reputation might be damaged if people have the feeling that you have these beliefs or thoughts. It's ironic....that this is seen as something not in the mainstream among mental health therapists. And so...although I believe there are many therapists who think the spiritual dimension is an important part of their work, they just don't talk about it with each other."

As a result of this general reluctance to share openly among colleagues, the therapists miss the opportunity to brainstorm and share in a way that would enhance their own psychospiritual development, both personally and professionally. "I have a feeling that therapists are not altogether that different from the rest of the world, and a very large percentage of them are secretly religious and secretly spiritual and that for them it's something that's there but they just don't discuss it with each other."

Therapists' Fears of Imposing Values

As the participants described a lack of openness about discussing spirituality professionally, and the lack of formal training of spirituality in graduate school, their uneasiness with the topic seemed to culminate with the fear of imposing values on their clients. This fear was expressed when questioned whether spirituality should be included in psychotherapy. Their reaction was based on their traditional understanding of what psychotherapy was, according to learned theoretical models, and the lack of open exploration by the profession.

Although all the therapists could identify a spiritual dimension to their own life, to human experience and in the therapeutic relationship, they still questioned if they had a right to introduce this subject. They were comfortable in being open to the experience in therapy and open to including it if the client talked about it. However, they were hesitant in naming the experience, putting words to it.

As spirituality contains personal values and beliefs, the issue of "value-free therapy" and "neutrality" was questioned.

One participant was clear on this, "I would never name it (spirituality) in that way because I feel that would be imposing something. I would never impose a particular point of view, even, let's say, spirituality, which is not a religious point of view. I would not impose any point of view in therapy. To me it's something that, if it's experienced, it may be experienced by a person in that way or a person in another way, but it's up to the client to experience...in whatever way he or she does."

In connection with this was the challenge by some of the therapists who did not think therapy could be "value free", and it was the conscious awareness of this that was the issue for and responsibility of the therapist, not eliminating topics. "Some people (therapists) think they are being neutral by not asking anything about spirituality or religion. That is absolutely not neutral. If you ask about everything else and you don't ask about something - that's a message!"

Other therapists had no conflict with including spirituality in therapy, although, "always very aware you can not impose values or beliefs on others."

Again, the bases for these concerns were the underlying issues of: our professional legacy to keep religion and psychiatry separate, and our lack of conceptual understanding of spirituality and the human's experience of it when not part of a religious doctrine.

Psychotherapy and Spirituality - Where to Begin the Merger?

All the participants interviewed believed there was a need to explore this edge. Since therapists are not altogether different from other people, and if spirituality is important to them, then there is a need to understand it in a clinical context. "... (I) would see dialoguing helpful as it would make relevant something that is already happening." The agreement among all the interviewees was the need for more open discussion among peers and more research and exploration by the profession.

Where the therapists were split was with the inclusion of courses on spirituality in graduate schools. The reasons varied. For one, "Spirituality has no place in therapy education - because therapy is about individual development - about what gets in the way of healthy development - the therapeutic relationship -

transference - If you talk about spirituality you'd be floating around."

This was the strongest statement against including spirituality in graduate school. But the others resounded similarly with concern that the training of therapists be "formal" and that there was "so much to learn you wouldn't benefit from the information." They all expressed concerns that the inclusion in graduate school would somehow compromise the importance of formal clinical training; that clinicians need a good theoretical basis.

In trying to imagine such a graduate program, one participant states, "But, I get a little nervous because people can get a little off into La-La Land and not be grounded in a particular tradition."

Another participant expressed concern as to how students might perceive courses in spirituality. "Unfortunately, those type of classes usually are really a joke. I hate to say it, but a lot of times...people are doing it either because it's required or they're doing it because it's like, the easy course." She gave an example of this attitude, "I'm taking hematology and pathophysiology and I'm also taking 'Talking to Patients

About Religion.' Oh, thank God for that one, that makes it easy."

Is the implicit message here of what is important or valuable to society resonating in the halls and classrooms of our learning centers? Perhaps what the participants are offering is a glimpse at the need to not only be more open to spirituality and psychotherapy but also to challenge some very deep beliefs about what is important to our humanness and what is less important.

The desire to have more exploration of this topic on a post-graduate level was shared by all. But here again some caution; "I think it would be wonderful if they (the profession) had seminars about spirituality. My guess is that those who believe in it would be the ones attending...I think that there are people who don't feel comfortable talking about it. ...if they don't then they don't believe that they can be helpful in allowing people to talk about their spirituality if they themselves are uncomfortable talking about it."

I went on to ask this clinician how that would play out for both the therapist and the client. Her response, "Good question! ...my own personal belief is that it's (spirituality) an important component of who we are in

this universe... I think those therapists or clinicians who don't include that are getting short changed...and I think what happens with the folks that get seen is that they just don't talk about that aspect of their life."

We did not explore the therapeutic implications of this case. It's clearly an important point to explore and perhaps that could happen if some of the following suggestions were implemented.

Suggestions for post-graduate exploration of this topic included:

Supervision - this might be in the form of a consulting supervisor who has done some post-graduate study on spirituality and psychotherapy, or on-going discussion with a staff supervisor as a way of processing spiritual experiences within the therapeutic relationship.

Seminars - either through in-service education or again by people who have some expertise. One suggestion was to invite clergy and have an ongoing forum.

Workshops - a more formal learning mode that would provide some background for current research and models on spirituality.

Articles - again looking to peers who have more fluency with this topic to publish and share their expertise and experiences.

Post-graduate courses - graduate programs that would offer courses to practicing psychotherapists as a form of advanced training.

Case studies - with colleagues, exploring cases which have an obvious spiritual component, to provide greater awareness and ways of "talking" in the therapy, and then generalizing to other cases which are less obvious.

This concludes the thematic analysis. A summary follows in the next chapter.

CHAPTER 6

CONCLUSIONS

Summary

This study revealed the participants' acknowledgment and awareness of spirituality as a natural part of human nature and a necessary aspect of any therapeutic address to severe loss. In exploring loss as an ontological marker of life development there was a greater sensitivity to the deep challenges in loss confronting the individual. At times loss precipitates a transformational crisis. This is a crisis of great magnitude, challenging the individual in extraordinary ways and on deep levels. For these psychotherapists, their approach in working with someone in a transformational crisis brought on by severe loss, included attending to the spiritual dimension.

The 18 themes which emerged offered rich information and insights by the therapists on spirituality in loss and in psychotherapy. Summarizing this information is a challenge, and I imagine that researchers would differ in how they might want to do that. It seems fitting, in honoring the participants' courage in speaking from their personal place, to speak from my personal place in reflecting on this experience.

I begin with what was so striking to me, and that is how readily the therapists acknowledged their spirituality through their own personal development and through their awe and respect for their clients' sufferings. They spoke about the changes over the years, due to their personal development, in the way they work with people who are dealing with loss. In general, the shift was from a traditional clinical focus to a more open approach which included more dimensions, such as spirituality, and a greater respect for the varied ways people manifest their loss. They were honoring of the personal meaning of the loss for the individual and how the loss experience could not be predicted for any one person.

There was an understanding of loss as a call for a personal search for new meaning, which brings the

individual to a deeper inner realm, the transpersonal. The therapists identified ways of helping the client access this dimension, as this is where the healing into new life occurs. As they were sensitive to the personal meaning of loss, they were also sensitive to the personal spirituality of their clients. All participants agreed that spirituality is a part of human nature, and all identified spiritual experiences in therapy.

They recognized traditional psychology's exclusion of spirituality and reinforced this in recounting their own graduate studies. This is continually reinforced by the lack of open discussion in clinical meetings and case discussions. This lack of inclusion and openness to spirituality presents an important challenge for the psychotherapy professions, and participants offered various suggestions as to how the profession might meet this challenge.

Amazingly, in spite of the historical schism between psychology and spirituality, in spite of the lack of exposure in graduate schools, in spite of the lingering attitudes in the profession, all the participants could articulate, so well, their experiences of spirituality.

Discussion

This study reveals that psychotherapists believe in, and include in their practice, the spiritual dimension of loss and, more generally, the spirituality of human nature. It also reveals that on some level the inclusion of spirituality in the therapy presents a struggle as the profession continues for the most part to exclude spirituality in graduate studies and in practice.

In this pilot study, which sought to explore how psychotherapists deal with spirituality and loss, the modality of inquiry was appropriate, as in the emerging themes the findings were unanimous. The interview guide provided the vehicle for this information and confirmation. No doubt the findings were influenced by the motivated participants who self-selected to be part of the study.

In one of the themes, concerned with the inclusion of spirituality in graduate schools, the conflict presented was very interesting, and in some way almost contradicted what the participants were describing as their experience. I believe this is the result of several issues, which follow:

1. It is difficult to break through legacy.

Graduate schools are still concerned with licensure. Licensure exams ask certain questions concerned with particular areas of study. A major goal of traditional graduate programs is to prepare the student to pass the exam. As more graduate programs include explorations of the deeper dimensions of the therapeutic relationship and the development of the therapists, I believe we will see a necessary inclusion of spirituality.

Probably happening prior to changes in exams and curricula will be the profession's recognition of the need to challenge its attitudes about spirituality. As varied studies on life experiences become available, they will need to be integrated into theory and practice.

2. The therapists' own graduate school experiences were several years old. I wonder if a look at current curricula would offer a different view?

3. In regarding the question about the inclusion of courses on spirituality in graduate school, I need to question whether the response was a function of the framing of the question. Perhaps I could have posed the question differently, such as,

"In your recollection, was there a particular course in graduate school which could have been expanded to include the spiritual dimension?"

The absence of a definition of spirituality was intentional as it provided ample opportunity for the participant to allow whatever associations came to mind. As a result spirituality was defined experientially in both their personal life and professional life.

In discussing spirituality, the therapists expressed compassion for their clients and a reverence for human life and human striving. The sharing of this information provided a spiritual experience for both myself and the participant. In allowing more openness to the concept of spirituality, the spiritual emerged!

The concept of compassion has implications for psychotherapy as well as for all humanity, and speaks to a belief of human connectedness that is the transpersonal context for all of us.

Also interesting in the study was the fluidity with which both genders talked about spirituality. In this small group, there didn't seem to be any distinction

in ability to tap into spirituality between the women and men.

There also didn't seem to be any distinction in the way they talked about spirituality based on their particular discipline. Whether psychiatrist, psychologist, or social worker, their awareness of their spirituality was there.

If the study were replicated, I would suggest some changes. Firstly, prior to the meeting, I would ask the participant to fill out a simple questionnaire which would begin to open the mind to concepts such as religion and spirituality. One question might be, "Do you think, in order to be spiritual one needs to be religious?", or something like that. My sense throughout the interviews was, as more awareness was given to the topic, more feelings and thoughts emerged. So this might be preparatory to the actual interview. Secondly, in following this theme, I would include a follow-up interview. The focus would be on any other clarifications the participants may have arrived at, as well as any cases that were influenced by the interview and how that happened. Thirdly, this sample, of psychotherapists working in out-patient mental health clinics, might be

contrasted with psychotherapists in private practice, as I wonder if the structure of the clinic model contributed to caution around this issue. This would be important to know, as practitioners in out-patient mental health clinics often see people in the community with minimal resources and the greatest needs. How wonderful to be able to open up to a grand resource for both the therapist and client.

Implications

For Theoretical Study

The fields of psychology, medicine, nursing, education, sociology and theology need to reconsider the study and research of spirituality as an integral part of the human experience. This would have vast implications for our approach to understanding human development, capacity for change, response to trauma, learning, parenting, and interpersonal relating. In this paper the focus has been on adult spirituality. However, our need to understand the human's experience of spirituality warrants a look into childhood experiences of spirituality as well. I wonder if we supported children in expressing their spirituality more creatively what their spirituality would evolve to as adults.

For Clinical Practice

As we begin to redefine the human experience to include spirituality, we also begin to redefine "pathology" and "disease" and along with that, clinical practice. If we allow ourselves to be more open to the developmental significance of loss and trauma, as well as to the range of responses, then as clinicians we will expand our clinical approach to our clients' suffering, and hopefully be more open to their capacity for their pain and suffering and healing. The recognition of the spiritual dimension provides a mutuality where both the client and therapist can grow. This is a mutuality of the transpersonal selves, a connection of one human spirit with another. Both therapist and client can be nurtured in this mutuality.

The scope of the implications of including spirituality in the therapy remains to be seen. Much will depend on the profession's openness to the need for changes in training and practice so as to share and include information regarding the spiritual dimension in psychotherapy.

For Personal Development

The understanding of loss from an ontological developmental perspective allows more openness to the deeper challenge of the loss experience for each individual. All the participants agreed that loss precipitates a growth crisis and challenges the individual to grow beyond themselves. This growth included changes in the psychological and spiritual dimensions of the individual's reality.

In this study the connection between loss and spirituality was very strong. Since loss is always there in our lives, then awareness and attention to that spirituality would be so important. As we do live primarily in the physical world, loss jars our reality of that world and becomes the impetus for a different way of relating or connecting to ourselves and others.

Some losses are very, very painful, tragic, beyond our ordinary human understanding. How can we hope to endure such tragedy? How can we survive such pain? As clinicians, helpers, we have all encountered stories of tragic proportions. What we marvel at is how the "spirit"

lives on. And, as we listen to the stories, we see the essence of the sufferer's spirituality.

Our spirituality is part of our development, in our healing, and in our ability to transcend and transform. And so we grow, develop, evolve, in part through our spirituality. When, then, will we Westerners be more inclusive of this human dimension, as Eastern cultures are? There is no way we can think about our full humanness without thinking about our spirituality.

For Global Harmony

When we look at all the possible ideas, concepts and beliefs that could separate one human from another, it is truly amazing how the acknowledgement of our spiritual connectedness could be so powerful in transcending that separateness.

The participants in this study, in speaking about spirituality, expressed compassion for their clients. This is greater than the connection between therapist and client. This is compassion of one human for another. Spirituality transcends separateness and allows for communion. A world of communicants would be a very different world from the one we know now.

For Further Research

This study offers but a glimpse of what future studies might include. The number of participants would need to be much greater in order to discover any other themes as well as gain more understanding of loss and spirituality as it is experienced by therapists of various ages and backgrounds. This study did not include psychiatric nurse clinical specialists, as there were no clinical specialists in the clinics chosen. They too are licensed professionals who practice psychotherapy. This is just one example of the limitation of the study due to the small number of participants.

In addition, the interviews might be expanded to include psychotherapists in private practice, physicians, social workers and nurses in a hospital system, hospice workers, and guidance counselors. These are professionals who also work with individuals experiencing loss and trauma. The inclusion of a greater number of participants would also provide statistical samples for a quantitative study to work towards the requirements of empirical proof.

The study could also be done in other cultures. As we are seeking an understanding of spirituality that is broader than culture, doctrine, etc., cross-cultural studies would provide a wonderful scope.

This concludes the discussion of the study. I have appreciated the opportunity to meet with my colleagues in this way and to share their innermost thoughts on a very important aspect of life. All of the participants and the clinic directors have invited me to return and share my findings with them and help them create a program, or group or seminar to address looking at spirituality and including it in psychotherapy. This will be a wonderful extension of this work for me.

This is also an expansion of some of the work I'm already doing, providing clinical consultation/supervision to pastoral counselors and spiritual directors. For me, the integration of spiritual and psychological has always been there. I'm not surprised by the results of this study, but wonderfully impressed by the way the participants expressed their beliefs and ideas about spirituality. I greatly appreciate their willingness to be so open and to venture into a yet murky part of our profession. I offer these words by Rainer Maria Rilke:

"You must give birth to your images. They are the future waiting to be born...fear not the strangeness you feel. The future must enter into you long before it happens... Just wait for the birth...for the hour of new clarity." (Fox 1983, p.201).

APPENDIX A
INTERVIEW QUESTIONS

Clinic No.: _____
Age: _____
Degree: _____
Years of practice: _____
Clinical style/mode: _____
Religious/spiritual affiliation: _____

Describe some of the kinds of losses your clients are dealing with in your current practice.

Are there any past cases of loss that stand out in your mind?

Please describe them.

How would you describe the loss experience within a therapeutic context? Please describe in terms of clinical dynamics, manifestations, expectations, or particular models or perspectives you hold.

Have you noted throughout your years of practice a change in your perspective on loss and a change in your way of working with your client?

If so, what are the changes and what led to them?

How does your clinical perspective fit in with your own personal meaning of the loss experience from a life span perspective?

Do you consider yourself a spiritual person? Is this important to you personally/professionally? What has

supported or helped you in your awareness of or relationship to spirituality or a spiritual experience.

What is your understanding of the spiritual dimension of the loss experience? What events have led you to this understanding? Could you work with a client who is dealing with loss and not include that dimension? Give examples. Please give specific examples of clients' expressions of that spiritual dimension. What are the ways you include that dimension in the therapeutic process? Please be specific about terminology, techniques, interventions, timing. How would you rate your comfort level with this dimension in your professional role?

Do you believe that spirituality would be helpful to therapy?

What has supported your inclusion of spirituality in therapy and what has inhibited it?

How would you support your viewpoint of spirituality from a clinical/personal/philosophical and/or spiritual basis?

Did your clinical graduate program provide the opportunity for the awareness and inclusion of the spiritual dimension in therapy? If so, how? If not, how did you develop or create an opportunity for this

dimension? Please describe.

Would it be helpful for therapists to have the opportunity to explore a psychospiritual perspective in working with clients who are dealing with loss?

What are some of the ways which you think would be helpful in promoting the awareness and training of therapists in a psychospiritual approach? Please differentiate between therapists in training and practicing therapists.

Is there any other information, or thoughts or feelings you would like to offer at this time?

As you reflect on the interview can you think of any questions that I should have asked?

APPENDIX B

LETTER TO CLINICAL DIRECTOR REQUESTING PARTICIPANTS

10 Center Street
Chicopee, MA 01013

Phone: Day (413) 598-0471
Evening (413) 665-3161

Dear Clinical Director,

I am a doctoral candidate in the School of Education at the University of Massachusetts, and a psychotherapist in private practice. I have also been on staff at a community mental health center for many years. I am interested in interviewing staff therapists on the topic of loss and the therapists' ways of working with the spiritual dimension.

I am interested in understanding how the therapist includes that spiritual dimension in the description and interpretation of the loss experience for their clients. The study will look at loss from a life span perspective and include the dimension of spirituality as it manifests and is handled within the therapeutic context.

Recent information from phenomenological studies of bereavement, adult development theories, and crisis theories have identified the theme of spirituality as it applies to the human dynamic of transcendence and self renewal. This information has paralleled research in clinical psychology which has identified the need by therapists to have more dialogue about the inclusion of spirituality within the therapeutic process. Whether loss is seen as a situational event or a maturational event it evokes major challenges for the individual. The loss journey is remarkably similar to the creative process as well as the spiritual journey. It is because psychotherapy is always dealing with loss that I would like to interview therapists to understand how they work with loss and the spiritual dimension.

The interview will consist of open ended questions with some note taking and it will be tape recorded. Anonymity will be maintained and anyone interested in sharing the results of the study will be invited to do so.

I will be interested in interviewing five therapists who meet the following profile:

1. have at least a master's degree in a traditional educational background such as social work, psychology, nursing, or psychiatry.
2. have been practicing for five years in a traditional clinical setting.
3. have not had post-graduate training in a psychospiritual model (e.g., psychosynthesis). However, they could have attended seminars or read books on this topic.

The interview will run about 1 to 1-1/2 hours and I will make every effort to accommodate people's schedules and plan on traveling to the clinic site.

Please announce this request at the next staff meeting. If you choose, I will be glad to make the announcement myself. The sign-up sheet can then be posted in the staff lounge which will give therapists an opportunity to decide if they would like to participate. I will check the list periodically and arrange interviews with participants individually.

I appreciate the opportunity to include your staff and clinic in this study. It is my hope that we will gain information which will benefit therapists and clients, as well as the field of psychotherapy.

Please feel free to call if you need more information or have any questions.

Gratefully,

Anna Cournoyer

APPENDIX C
CONSENT FORM

This interview is part of a study entitled "The Spiritual Aspect of Loss: A phenomenological inquiry with practicing psychotherapists". Its objective is to understand how the therapist includes that spiritual dimension in the description and interpretation of the loss experience for that client. The role of the participant involves one taped interview of approximately 1-1/2 hours and a possible follow-up meeting.

This study is being conducted as part of the doctoral work of Anna Cournoyer at the University of Massachusetts at Amherst. The information generated from this interview will be used initially in a doctoral thesis. The same information may, at a later date, be used in articles or papers. The following conditions will apply regarding the collection and safeguarding of information collected by this study:

1. All information will be recorded anonymously. A code will be used to identify tape and transcriptions of the interviews. No individually identifiable information will be used. Confidentiality is assured.
2. Participation in this study is voluntary and the participant may withdraw at any time. If the participant withdraws all written and audio materials recording her participation will be destroyed.
3. The participant may request, at any time, that any part or all of the interview not be used.
4. There will be no monetary compensation for participation.
5. There is no anticipated risk in participation.

I will be pleased to share with you written materials derived from this study at its conclusion. If at any time you have questions or concerns about this study please call Anna Cournoyer at (413) 598-0471.
I have read the foregoing statement and discussed it to my satisfaction with Anna Cournoyer. I wish to participate in the study.

Date_____ Signature_____

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